#### Case 18-20544 Doc 1 Filed 07/23/18 Entered 07/23/18 14:41:49 Desc Main Document Page 1 of 65

Fill in this information to identify your case:			
United States Bankruptcy Court for the:			
Northern District of: Illinois (State)			
Case number (if known)	Chapter you are filing under:		
	Chapter 7		
	Chapter 11		
	Chapter 12		Check if this is
	Chapter 13		amended filing

#### Official Form 101

#### Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself		
	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Your full name	Tiara First name	First name
Write the name that is on your government-issued picture identification (for example, your driver's	J Middle name	Middle name
license or passport	Sain Last name	Last name
Bring your picture identification to your meeting with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2. All other names you have used in the last 8 years	First name	First name
Include your married or maiden names.	Middle name	Middle name
maiden names.	Last name	Last name
	First name	First name
	Middle name	Middle name
	Last name	Last name
3. Only the last 4 digits of your Social	XXX - XX- 9826	xxx - xx-
Security number or federal Individual Taxpayer	or 9 xx - xx-	OR 9 xx - xx-
Identification number (ITIN)		

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De	Potor 1 Tiara First Name	J Sain Middle Name Last Name	Case number (if known)			
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4.	Any business names and Employer	I have not used any business names or EINs.	I have not used any business names or EINs.			
Identification Numbers (EIN) you have used in the last		Business name	Business name			
	8 years	Business name	Business name			
Include trade names and doing business as names		EIN	EIN			
		EIN	EIN			
5.	Where you live	4500.01	If Debtor 2 lives at a different address:			
		1508 S Harvey Ave  Number Street  Apt 2	Number Street			
		Berwyn Illinois 60402				
		City State Zip Code	City State Zip Code			
		Cook				
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number Street	Number Street			
		City State Zip Code	City State Zip Code			
6.	Why you are choosing this district	Check one:	Check one:			
	to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		I have another reason. Explain. (See 28 U.S.C. §§ 1408.)	I have another reason. Explain. (See 28 U.S.C. §§ 1408.)			

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Debtor 1 Tiara	J	Sain		Case number (if kno	pwn)
First Name	Middle Name	Last Name			
Part 2: Tell the Court Abo	out Your Bankruptcy	Case			
7. The chapter of the Bankruptcy Code you are choosing to file under		f description of each, see <i>No</i> 110)). Also, go to the top of pa			C. § 342(b) for Individuals Filing for opriate box.
8. How you will pay the fee	more details about cashier's check, of may pay with a critical pay the Individuals to Pay I request that my judge may, but is the official poverty you choose this control of the cashier of the control of the cashier	It how you may pay. Typically money order. If your atto edit card or check with a profession of the initial ments. If your your Filing Fee in Installments of the be waived (You may not required to, waive your y line that applies to your file.	ally, if yourney is some printed choose the	ou are paying the submitting your ed address. e this option, sig Official Form 103 this option only and may do so onlize and you are u	the clerk's office in your local court for e fee yourself, you may pay with cash, payment on your behalf, your attorney an and attach the <i>Application for</i> A.).  If you are filing for Chapter 7. By law, a ly if your income is less than 150% of unable to pay the fee in installments). If the Chapter 7 Filing Fee Waived (Official)
9. Have you filed for bankruptcy within the last 8 years?	Yes. District District District		When When When	MM / DD / YYYY  MM / DD / YYYY	Case number  Case number  Case number
10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	Yes. Debtor District Debtor District		When When	MM / DD / YYYY	Relationship to you  Case number, if known  Relationship to you  Case number, if known
11. Do you rent your residence?	✓ No. Go				st You (Form 101A) and file it with

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De	btor 1 Tiara First Name		J		Sain Last Name	Case numb	er (if known)	
Par	rt 3: Report About Any	Rueir						
Pal	neport About Arry	Dusii	103303	Tou Own as a Sole	Froprietoi			
	Are you a sole proprietor of any full-	<b>✓</b>	No.	Go to Part 4.				
	or part-time business?		Yes.	Name and location of	f business			
	A sole proprietorship is a business you			Name of business, if a	any			
	operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			Number	Street			
	If you have more than one sole			City		State	Zip Code	
	proprietorship, use a separate sheet and			Check the appropri	ate box to descr	ribe your business:		
	attach it to this			Health Care B	usiness (as defir	ned in 11 U.S.C. § 10	1(27A))	
	petition.	Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))						
			Stockbroker (as defined in 11 U.S.C. § 101(53A))					
			Commodity Broker (as defined in 11 U.S.C. § 101(6))					
				None of the al	oove			
	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B).						your most recent balance
	For a definition of small business debtor, see 11 U.S.C. §		No.	I am not filing under Chapter 11.  I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.				
	101(51D).		Yes.	I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.				
Pai	Report if You Owr	or H	ave Aı	ny Hazardous Prope	erty or Any Pro	operty That Needs	Immediate Attenti	on
14.	Do you own or have		No					
	any property that poses or is alleged to		No. Yes.	What is the hazard?				
	pose a threat of imminent and			If immediate attention is	needed why is it	t needed?		
	identifiable hazard to public health or			ii iiiiiiodidio ditoriiori lo				
	safety? Or do you own any property			Where is the property?				
	that needs immediate attention?				Number	Street		
	For example, do you own perishable goods,							
	or livestock that must be fed, or a building that needs urgent repairs?				City	St	ate	Zip Code

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Debtor 1 Tiara J Sain Case number (if known)

#### First Name Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan, Attach a copy of the certificate and the payment plan, The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you plan, if any. plan, if any. are not eligible to file. I certify that I asked for credit counseling services ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: I have a mental illness or a mental I have a mental illness or a mental Incapacity. Incapacity. deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. Disability. Disability. My physical disability causes me to My physical disability causes me to be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for waiver of credit counseling with the court. waiver of credit counseling with the court.

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Debtor 1 Ilara	J Mistalla Nassas	Sain	Case number (if known)		
First Name  Part 6: Answer These Que	Middle Name estions for Reportin	Last Name g Purposes			
16. What kind of debts do you have?	16a. Are your debt "incurred by a No. Go to Yes. Go to The your debt money for a bo No. Go to Yes. Go to Yes. Go to	ts primarily consumer deb in individual primarily for a p line 16b. b line 17. ts primarily business debts usiness or investment or the line 16c.	personal, family, or househouse <b>?</b> Business debts are debts rough the operation of the	s that you incurred to obtain business or investment.	
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	Yes. I am filing ur expenses at No.	g under Chapter 7. Go to line nder Chapter 7. Do you estima re paid that funds will be availa	ite that after any exempt prop	erty is excluded and administrative d creditors?	
18. How many creditors do you estimate that you owe?	✓ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	5,001	0-5,000 -10,000 01-25,000	25,001-50,000 50,001-100,000 More than 100,000	
19. How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100,0 \$100,001-\$500 \$500,001-\$1 m	000	00,001-\$10 million 000,001-\$50 million 000,001-\$100 million ,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	
20. How much do you estimate your liabilities to be?  Part 7: Sign Below	\$0-\$50,000 \$50,001-\$100,0 \$100,001-\$500 \$500,001-\$1 m	000	00,001-\$10 million 000,001-\$50 million 000,001-\$100 million ,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	
Part 7: Sign below	I have exemined this	notition and I declare und	or populty of porium, that th	as information provided in true and	
For you  I have examined this petition, and I declare under penalty of perjury that the information provided is true correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12 of title 11, United States Code. I understand the relief available under each chapter, and I choose to produce Chapter 7.					
		I have obtained and read the		no is not an attorney to help me fill S.C. § 342(b).	
	,		· ·	ode, specified in this petition.	
	connection with a b		n fines up to \$250,000, or i	money or property by fraud in mprisonment for up to 20 years, or	
	/s/ Tiara Sain		×		
	Signature of Debt	or 1	Signature of D	ebtor 2	
	Executed on _	7/23/2018 MM / DD / YYYY	Executed on	MM / DD / YYYY	

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Debtor 1 Tiara	J	Sain	Case number (i	fknown)					
First Name	Middle Name	Last Name							
For your attorney, if you are represented by one	eligibility to proceed und	der Chapter 7, 11, 1	2, or 13 of title 11, Unite	nave informed the debtor(s) about ed States Code, and have explained the also certify that I have delivered to the					
If you are not	debtor(s) the notice requ	ired by 11 U.S.C. §	342(b) and, in a case in	which § 707(b)(4)(D) applies, certify that I					
represented by an	have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.								
attorney, you do not	· ·	, , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , ,					
need to file this page.	/s/ Elizabeth Placek		Date	7/23/2018					
	Signature of Attorney f	or Debtor		/IM / DD / YYYY					
	.,								
	Elizabeth Placek								
	Printed name								
	Semrad Law Firm								
	Firm name								
	20 S. Clark Street Street								
	28th Floor								
	Chicago		Illinois	60603					
	City		State	Zip Code					
	City		Olato	2.0 0000					
	Contact phone	3124477838	Email address	eplacek@semradlaw.com					
			Illinoi	S					
	Bar number		State						

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Fill in this information to identify your case:						
Debtor 1	Tiara	J	Sain			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States E	Bankruptcy Court for the:	Northern	District of Illinois			
Case number (If known)			(State)			

П	Check if this is an
_	amended filing

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

	Your assets Value of what you own
Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$17,178.51 ————————————————————————————————————
1c. Copy line 63, Total of all property on Schedule A/B	\$17,178.51
rt 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	40.554.00
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$6,551.00
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$2,000.00
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$19,495.32
Your total liabilities	\$28,046.32
art 3: Summarize Your Income and Expenses	
. Schedule I: Your Income (Official Form 106I)	\$2,767.13
Copy your combined monthly income from line 12 of Schedule I	<del>. ,</del>
Schedule J: Your Expenses (Official Form 106J)	\$2,767.00

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Deb	otor 1 Tiara	J	Sain	Case number (if known)					
	First Name	Middle Name	Last Name						
Part	4: Answer These Qu	lestions for Administra	tive and Statistical Recor	'ds					
6. <b>A</b>	re you filing for bankrupt	cy under Chapters 7, 11, o	or 13?						
Г	No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.								
L 	✓ Yes.								
L	Yes.								
7. <b>V</b>	What kind of debt do you	have?							
				by an individual primarily for a personal,					
	family, or household pu	urpose. 11 U.S.C. § 101(8).	Fill out lines 8-10 for statistical	purposes. 28 U.S.C. § 159.					
		imarily consumer debts. You they are the second of the sec	ou have nothing to report on th	nis part of the form. Check this box and su	ıbmit				
		•							
		our Current Monthly Incom , Form 122B Line 11; <b>OR</b> , F	<b>ne:</b> Copy your total current mor form 122C-1 Line 14.	nthly income from Official	\$3,283.35				
_	Occasion following age	:-! <b>!!!</b>	on Don't A. Line C. of Cohe date	F/F.					
9.	Copy the following spec	Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:							
	From Part 4 on Schedul	e E/F, copy the following:		Total claim					
	9a. Domestic support obl	igations (Copy line 6a.)		\$0.00					
	a. Domestic support obi	igations (oopy line oa.)		\$0.00					
	9b. Taxes and certain oth	er debts you owe the goverr	nment. (Copy line 6b.)	<del>40.00</del>					
	9c. Claims for death or pe	ersonal injury while you were	intoxicated. (Copy line 6c.)	\$0.00					
	9d. Student loans. (Copy	line 6f.)		\$0.00					
	On Obligations origins ou	t of a constration agreement	or divorce that you did not rone	\$0.00					
	9e. Obligations arising out of a separation agreement or divo priority claims. (Copy line 6g.)		or divorce that you did not repo						
	Of Dahla Is a see's	or Charles de martine de la companya	and a land a land a Community of the	\$0.00					
	91. Debts to pension or pi	rotit-snaring plans, and othe	r similar debts. (Copy line 6h.)						

\$0.00

9g. **Total.** Add lines 9a through 9f.

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Fill in this	information to identify your	case:							
Debtor 1	Tiara	J		Sain					
	First Name	Middle N	Name	Last Name	_				
Debtor 2 (Spouse, if f	iling) First Name	Middle N	Jame	Last Name	_				
	1 not reality		varrio						
United St	ates Bankruptcy Court for the	e: Northern		District of Illinois (State)	-				
Case nun	nber				_				
, ,	- L F 400 A /D						Check if this is an		
Officia	al Form 106A/B						amended filing		
Sche	dule A/B: Prop	erty					12/		
category responsib write you	where you think it fits best le for supplying correct inf r name and case number (i	. Be as complete a ormation. If more s f known). Answer e	ind acc space is every qu	sset only once. If an asset fits i urate as possible. If two marrie needed, attach a separate sho estion. Other Real Estate You Owr	d people are eet to this fo	e filing together, both a orm. On the top of any a	re equally		
1. Do you	u own or have any legal or	equitable interest	in any r	esidence, building, land, or sin	nilar propert	y?			
<b>✓</b>	No. Go to Part 2								
	Yes. Where is the property?								
				is the property? Check all that a	pply.		claims or exemptions. Put red claims on Schedule D:		
1.1	Street address, if available, or	or other description	Single-family home  Duplex or multi-unit building			Creditors Who Have Claims Secured by Property			
				ondominium or cooperative		Current value of the Current value of			
				anufactured or mobile home		entire property?	portion you own?		
	Number Street		L	and					
	Number Street		Investment property		Describe the nature of interest (such as fee s				
	City State	Zip Code		Timeshare Other		the entireties, or a life estate), if known.			
			one.  De	ebtor 1 only ebtor 2 only ebtor 1 and Debtor 2 only		Check if this is co (see instructions)	mmunity property		
				least one of the debtors and ano information you wish to add a		m such as local			
				rty identification number:	bout this ite	iii, sucii as local			
If you	own or have more than one	, list here:	\4/l ±	in the management of Observation all the state		Do not doduct consul	alainea an ann an ationa. Dut		
1.2				is the property? Check all that a ngle-family home	рріу.	the amount of any secu	claims or exemptions. Put red claims on <i>Schedule D:</i>		
	Street address, if available,	or other description		uplex or multi-unit building		Creditors Who Have Cla	ims Secured by Property.		
				ondominium or cooperative		Current value of the entire property?	Current value of the portion you own?		
			М	anufactured or mobile home					
	Number Street			and		Describe the nature of	f vour ownership		
				vestment property meshare		interest (such as fee s	imple, tenancy by		
	City State	Zip Code	□°	ther			mmunity property		
			Who I one.	nas an interest in the property?	' Check	(see instructions)			
			D	ebtor 1 only		ш			
			D	ebtor 2 only					
				ebtor 1 and Debtor 2 only					
				least one of the debtors and ano					
			Other	information you wish to add a	hout this ita	m such as local			

property identification number:

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Debtor 1	Tiara First Name	J Middle Name	Sain Last Name	Case numbe	r (if known)	
1.3 <u>Stre</u>	et address, if available, or otl	[	What is the property? Check all th Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	at apply.	the amount of any secu	claims or exemptions. Put red claims on <i>Schedule D: ims Secured by Property.</i> Current value of the portion you own?
Nun	nber Street State	Zip Code	Land Investment property Timeshare Other		Describe the nature of interest (such as fee sthe entireties, or a life	imple, tenancy by
		] ] ]	Vho has an interest in the proper Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and a comperty identification number:	another	(see instructions)	mmunity property
	the dollar value of the porve attached for Part 1. Wr	tion you own for a	all of your entries from Part 1, incere.	cluding any entrie	s for pages	
Do you ow		equitable interest	in any vehicles, whether they a also report it on Schedule G: Execu	-	-	
3. Cars, va		ility vehicles, motoro	cycles			
3.1	Make Model: Year:	Hyndai Accent 2013	Who has an interest in the prone.  Debtor 1 only	roperty? Check	the amount of any secu	claims or exemptions. Put ured claims on <i>Schedule D:</i> aims Secured by Property.
	Approximate mileage: Other information: Hyndai Accent	63000	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communi	and another	Current value of the entire property? \$5600.00	Current value of the portion you own? \$5600.00
3.2	Make Model: Year: Approximate mileage:		who has an interest in the property one.  Debtor 1 only	roperty? Check	the amount of any secu	claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.
	Other information:		Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communi instructions)	and another	Current value of the entire property?	Current value of the portion you own?

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	Tiara First Name	J Middle Name	Sain Last Name	Case number		
3.3	Make Model: Year: Approximate mileage: Other information:		Who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 or At least one of the debtor Check if this is communinstructions)	nly rs and another	the amount of any secu	claims or exemptions. Put ured claims on <i>Schedule D: aims Secured by Property.</i> Current value of the portion you own?
3.4	Make Model: Year: Approximate mileage: Other information:		Who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 or At least one of the debtor	nly	the amount of any secu	claims or exemptions. Put ared claims on <i>Schedule D:</i> aims Secured by Property. Current value of the portion you own?
			Check if this is communing instructions)	nity property (see		
		•	er recreational vehicles, other , fishing vessels, snowmobiles,	•		
Exa	mples: Boats, trailers, motor No Yes	•		motorcycle accessori	Do not deduct secured the amount of any secu	claims or exemptions. Put ired claims on <i>Schedule D:</i> aims Secured by Property. Current value of the
Exa	mples: Boats, trailers, motor No Yes Make Model: Year:	•	who has an interest in the one.  Debtor 1 only	motorcycle accessori property? Check  hly rs and another	Do not deduct secured the amount of any secu Creditors Who Have Cla	red claims on Schedule D: nims Secured by Property.
€xa ✓ 4.1	mples: Boats, trailers, motor No Yes  Make Model: Year: Approximate mileage:	•	who has an interest in the one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 or At least one of the debtor Check if this is communication.	property? Check  hly s and another  nity property (see	Do not deduct secured the amount of any secucereditors Who Have Classes Current value of the entire property?  Do not deduct secured the amount of any secu	red claims on Schedule D: aims Secured by Property.  Current value of the

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Debtor 1 Tiara Sain Case number (if known) Last Name First Name Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware Yes. Describe... 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music Yes. Describe... TV(2), Cellphone, \$300.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe... Used clothes \$200.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe... Costume iewelry, Rings \$300.00 13. Non-farm animals Examples: Dogs, cats, birds, horses Nο Yes. Describe... 14. Any other personal and household items you did not already list, including any health aids you did not list **✓** No Yes. Describe... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$800.00 for Part 3. Write that number here ......

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Debtor 1 Tiara Sain Case number (if known) First Name Last Name **Describe Your Financial Assets** Part 4: Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **✓** No Yes ..... Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: PNC BANK \$106.54 17.1. Checking account: 17.2. Checking account: International Bank of Chicago \$36.55 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ◪ No Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No Name of entity % of ownership: Yes. Give specific information about them

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Debt	tor 1 <u>Tiara</u>	J	Sain	Case number (if known)	
	First Name	Middle Name	Last Name		
20.	Negotiable instruments i	orate bonds and other negotia include personal checks, cashiers ents are those you cannot transf	s' checks, promissory no	tes, and money orders.	
	✓ No  Yes. Give specific information about them	Issuer name:			
21.	Retirement or pension Examples: Interests in IF		o), thrift savings accounts	s, or other pension or profit-sharing plans	
	No	Type of account:	Institution name:		
	Yes. List each account	401(k) or similar plan:	403b Contribution		\$635.42
	separately.	Pension plan:			
		IRA:			-
		Retirement account:			
		Keogh:			
		Additional account:			
		Additional account:			
22.		prepayments I deposits you have made so tha with landlords, prepaid rent, publ			
	Yes	Electric:			
		Gas:			
		Heating oil:			
		Security deposit on rental unit:			
		Prepaid rent:			. ———
		Telephone:			
		Water:			
		Rented furniture:			<u> </u>
00	Ammilian (Ammilian to	Other:			
23.	No Yes	or a periodic payment of money to	o you, either for life or fo	r a number of years)	

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Debte	or 1 Tiara First Name	J Sain Middle Name Last Name	Case number (if known)	
24.	Interests in a	n education IRA, in an account in a qualified ABLE progran 530(b)(1), 529A(b), and 529(b)(1).	n, or under a qualified state tuition program.	
	No Yes	Institution name and description. Separately file the records of a	ny interests.11 U.S.C. § 521(c):	
			_	
25.		ble or future interests in property (other than anything lister or your benefit	ed in line 1), and rights or powers	
	✓ No Yes. Desc	ribe		
26.	Examples: Inte	rrights, trademarks, trade secrets, and other intellectual particle domain names, websites, proceeds from royalties and licen		
	Yes. Desc	ribe		
27.	Examples: Bui	nchises, and other general intangibles Iding permits, exclusive licenses, cooperative association holding	s, liquor licenses, professional licenses	
	Yes. Desc	ribe		
Mon	ey or proper	ty owed to you?		Current value of the portion you own?  Do not deduct secured claims or exemptions.
	ey or proper			portion you own? Do not deduct secured
				portion you own? Do not deduct secured
	Tax refunds ov  No  Yes. Give s	ved to you  pecific information	Federal:	portion you own? Do not deduct secured
	Tax refunds ov  No Yes. Give s abour	ved to you	Federal: State:	portion you own? Do not deduct secured claims or exemptions.
	Tax refunds ov  No Yes. Give s abou you a	pecific information t them, including whether	1 0 0 0 0 0 0	portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds ov  No Yes. Give s abou you a and t	pecific information t them, including whether liready filed the returns the tax years	State:  Local:	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00
28.	Tax refunds ov  No Yes. Give s about you a and t  Family suppor Examples: Past	pecific information t them, including whether llready filed the returns he tax years  t due or lump sum alimony, spousal support, child support, main	State:  Local:  ntenance, divorce settlement, property settlemen	portion you own?  Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00
28.	Tax refunds ov  No Yes. Give s about you a and t  Family suppor Examples: Past	pecific information t them, including whether llready filed the returns the tax years	State:  Local:  Intenance, divorce settlement, property settlement  Alimony:	portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  t
28.	Tax refunds ov  No Yes. Give s about you a and t  Family suppor Examples: Past	pecific information t them, including whether llready filed the returns he tax years  t due or lump sum alimony, spousal support, child support, main	State:  Local:  Alimony:  Maintenance:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00 t \$0.00
28.	Tax refunds ov  No Yes. Give s about you a and t  Family suppor Examples: Past	pecific information t them, including whether llready filed the returns he tax years  t due or lump sum alimony, spousal support, child support, main	State:  Local:  Alimony:  Maintenance:  Support:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00
28.	Tax refunds ov  No Yes. Give s about you a and t  Family suppor Examples: Past	pecific information t them, including whether llready filed the returns he tax years  t due or lump sum alimony, spousal support, child support, main	State:  Local:  Alimony:  Maintenance:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00 t \$0.00
28.	Tax refunds ov  No Yes. Give s about you a and t  Family suppor Examples: Past  No Yes. Give s	pecific information It them, including whether Ilready filed the returns the tax years  It due or lump sum alimony, spousal support, child support, main Ispecific information	State:  Local:  Alimony:  Maintenance:  Support:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00
28.	Tax refunds ov  No Yes. Give s about you a and t  Family suppor Examples: Past  No Yes. Give s  Other amount Examples: Unp	pecific information t them, including whether llready filed the returns he tax years  t due or lump sum alimony, spousal support, child support, main	State: Local:  Alimony: Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00
29.	Tax refunds ov  No Yes. Give s abour you a and t  Family suppor Examples: Past  No Yes. Give s  Other amount Examples: Unp Soci	pecific information It them, including whether already filed the returns he tax years  It due or lump sum alimony, spousal support, child support, main specific information  Is someone owes you aid wages, disability insurance payments, disability benefits, sick all Security benefits; unpaid loans you made to someone else	State: Local:  Alimony: Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00
29.	Tax refunds ov  No Yes. Give s abour you a and t  Family suppor Examples: Past  No Yes. Give s  Other amount Examples: Unp Soci	pecific information It them, including whether already filed the returns he tax years  It due or lump sum alimony, spousal support, child support, main specific information  Is someone owes you aid wages, disability insurance payments, disability benefits, sick all Security benefits; unpaid loans you made to someone else	State: Local:  Alimony: Maintenance: Support: Divorce settlement: Property settlement:	portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  t  \$0.00 \$0.00 \$0.00 \$0.00

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Deb <sup>-</sup>	tor 1 Tiara J	Sain	Case number (if known)	
	First Name Middle Nam	e Last Name		
31.	Interests in insurance policies  Examples: Health, disability, or life insurance; he	ealth savings account (HSA); credit, hon	neowner's, or renter's insurance	
	No  ✓ Yes. Name the insurance company	Company name:	Beneficiary:	Surrender or refund value:
	of each policy and list its value	Term Life insurance through employ	er	\$0.00
00	Anninteresting annual that in due on the			
32.	Any interest in property that is due you from If you are the beneficiary of a living trust, expect property because someone has died.	t proceeds from a life insurance policy, of	or are currently entitled to receive	
	✓ No			
	Yes. Describe			
33.	Claims against third parties, whether or no Examples: Accidents, employment disputes, in:	surance claims, or rights to sue	demand for payment	
	Yes. Describe Potential Product Liabili	ty Law suit against Toyota		
	\$10000.00			
34.	Other contingent and unliquidated claims of to set off claims	of every nature, including countercla	ims of the debtor and rights	
	<b>✓</b> No			
	Yes. Describe			
35.	Any financial assets you did not already list			
	✓ No ✓ Yes. Describe			
36.	Add the dollar value of all of your entries fro		_	\$10778.51
Part	5: Describe Any Business-Related Pr	operty You Own or Have an Inte	erest In. List any real estate in Part 1	I_
37.	-			
	No. Go to Part 6.			rrent value of the rtion you own?
	Yes. Go to line 38.		Do	not deduct secured claims exemptions
38.	Accounts receivable or commissions you al	ready earned		
	✓ No ✓ Yes. Describe			
39.	Office equipment, furnishings, and supplies Examples: Business-related computers, softwa		ines, rugs, telephones, desks, chairs, electro	nic devices
	<b>✓</b> No			
	Yes. Describe			

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Deb	tor 1 Tiara	J	Sain	Case number (if known)	
	First Name	Middle Name	Last Name		
40.	Machinery, fixtures, e	equipment, supplies you	use in business, and tools of y	our trade	
	<b>✓</b> No				
	Yes. Describe				
41.	Inventory				
	<b>✓</b> No				
	Yes. Describe				
	Ш				
42.	Interests in partnersh	nips or joint ventures			
	✓ No				
	=		Name of entity:	% of ownership:	
	Yes. Give specific information about				
	them				
					_
43.	Customer lists. mailing	lists, or other compilati	ons		
	—	,,			
	✓ No				
	Yes. Do your lists i	include personally identifiab	le information (as defined in 11	U.S.C. § 101(41A))?	
	☐ No				
	Yes. Desc	rihe			
	L Tes. Desc	JIDE			<del></del>
44.	Any business-related	property you did not alre	eady list		
	No.				
	No				
	Yes. Give specific information				
	iiioiiiiatioii				<del></del>
					<u> </u>
					<del></del>
45. A	dd the dollar value of	all of your entries from P	art 5, including any entries fo	r pages you have attached	
<u> </u>	Deceribe Any F		l Fishing Deleted Duesest	···V···· O······ ··· · · · · · · · · · ·	
Part	If you own or have ar	arm- and Commercian interest in farmland, list it in	li Fishing-Related Propert	y You Own or Have an Interest In.	
46.	Do you own or have a	any legal or equitable int	erest in any farm- or commerc	cial fishing-related property?	
	No. Go to Part 7.				Current value of the portion you own?
	Yes. Go to line 47				Do not deduct secured claims
	_				or exemptions
47.	Farm animals				
	Examples: Livestock, p	oultry, farm-raised fish			
	<b>√</b> No				
	Yes. Describe				

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Debt	or 1 Tiara First Name		Sain ast Name	Case number (if known)	
48.	Crops-either growing		ast Ivalite		
	. No				
	Yes. Describe				
49.	Farm and fishing equip	oment, implements, machinery, fixture	es, and tools of trade		
	<b>✓</b> No				
	Yes. Describe				
50.	Farm and fishing supp	lies, chemicals, and feed			
	✓ No				
	Yes. Describe				
E 1	Any form and commo	 rcial fishing-related property you did	not alroady list		
51.	No	rcial listiling-related property you did t	not already list		
	Yes. Describe				
		<del></del>		Г	
		II of your entries from Part 6, including r here			
				L	
Part 7	7: Describe All Pro	perty You Own or Have an Intere	est in That You Did Not	List Above	
53.		perty of any kind you did not already l s, country club membership	ist?		
	No No	o, country dub memberamp			
	Yes. Give specific				
	information				
54. Ad	dd the dollar value of al	II of your entries from Part 7. Write th	at number here		•
		•			
		real Baracuta East			
Part 8	List the Totals of	f Each Part of this Form			
55. <b>F</b>	Part 1: Total real estate	e, line 2		<b>&gt;</b>	
56 n	art 2 total vehicles, lin	e 5			
-		nd household items, line 15	\$5600.00		
	art 4: Total financial as		\$800.00		
		elated property, line 45	\$10778.51		
	Part 7: Total other prop	fishing-related property, line 52	-		
		. Add lines 56 through 61			
∪∠. <b>I</b>	otai personai property.	. Aug 11165 20 11100y11 01	\$17178.51	Copy personal property total	+ \$17178.51
					\$17178.51
63. <b>T</b>	otal of all property on S	Schedule A/B. Add line 55 + line 62			ψ 17 O.O I

		Case 18-20544	Doc 1 Filed 0 <sup>o</sup>		14:41:49 Desc Main
Fill	in this inforr	nation to identify your case:			
Deb	otor 1	Tiara First Name	J Middle Name	Sain Last Name	
	otor 2 ouse, if filing)	First Name	Middle Name	Last Name	
Uni	ted States B	ankruptcy Court for the: No	orthern Di	istrict of Illinois	
	se number			(State)	
Of	ficial I	Form 106C			Check if this is an amended filing
Sc	hedula	C: The Proper	tv You Claim a	s Fyemnt	04/16
as e add For stat the tax- und you	exempt. If r itional page each item e a specif amount o exempt re er a law to r exemption	nore space is needed, fill les, write your name and n of property you claim a ic dollar amount as exe f any applicable statuto etirement funds—may b	out and attach to this p case number (if known) as exempt, you must s mpt. Alternatively, you ry limit. Some exempt be unlimited in dollar a n to a particular dollar he applicable statutory	page as many copies of Part 2: Addition.  Specify the amount of the exemption a may claim the full fair market value ions—such as those for health aids, mount. However, if you claim an examount and the value of the proper	our source, list the property that you claim in a light single as necessary. On the top of any in you claim. One way of doing so is to ue of the property being exempted up to s, rights to receive certain benefits, and exemption of 100% of fair market value rty is determined to exceed that amount,
1.	Which set	of exemptions are you clai	iming? Check one only, eve	en if your spouse is filing with you.	
	<b>✓</b> You a	re claiming state and feder	al nonbankruptcy exemp	tions. 11 U.S.C. § 522(b)(3)	
	You a	re claiming federal exempt	tions. 11 U.S.C. § 522(b)(2	2)	
2.	For any p	operty you list on Schedule	e A/B that you claim as ex	xempt, fill in the information below.	
		ription of the property and hedule A/B that lists this	Current value of the portion you own Copy the value from	Amount of the exemption you claim  Check only one box for each exemption.	Specific laws that allow exemption
			Schedule A/B		

No Yes

Brief

description:

Line from Schedule A/B:

description:

Line from Schedule A/B:

BANK

Hyndai Accent, 2013,

Checking account, PNC

03

Are you claiming a homestead exemption of more than \$160,375?

Hyndai Accent

\$5,600.00

\$106.54

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

**✓** 

 $\overline{\mathbf{A}}$ 

\$0

\$106.54

100% of fair market value, up to any

100% of fair market value, up to any

applicable statutory limit

applicable statutory limit

735 ILCS 5/12-1001(c); 735 ILCS

5/12-1001(b)

735 ILCS 5/12-1001(b)

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Debtor 1 Tiara Sain Case number (if known) First Name Middle Name Last Name Part 2: **Additional Page** Brief description of the property and Current value of Amount of the exemption you claim Specific laws that allow exemption line on Schedule A/B that lists this the portion you Check only one box for each exemption. property own Copy the value from Schedule A/B Brief 735 ILCS 5/12-1001(b) \$300.00 description:  $\checkmark$ \$300.00 TV(2), Cellphone, 100% of fair market value, up to any I ine from applicable statutory limit Schedule A/B: 07 735 ILCS 5/12-1001(a) \$200.00 description: **✓** \$200.00 **Used clothes** 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: Brief 735 ILCS 5/12-1001(b) \$300.00 description:  $\checkmark$ \$300.00 Costume jewelry, Rings 100% of fair market value, up to any Line from applicable statutory limit Schedule A/B: 12 Brief 735 ILCS 5/12-1006 \$635.42 description: \$635.42 401(k) or similar plan, 100% of fair market value, up to any 403b Contribution applicable statutory limit Line from Schedule A/B: 21 735 ILCS 5/12-1001(h)(4) Brief \$10,000.00 description: \$10,000.00 **Potential Product** 100% of fair market value, up to any **Liability Law suit** against Toyota applicable statutory limit Line from Schedule A/B: 735 ILCS 5/12-1001(b) \$36.55 description: **V** \$36.55 Checking account, International Bank of 100% of fair market value, up to any applicable statutory limit Chicago

Line from Schedule A/B:

17

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		DC	cument Page	22 UI (	00		
Fill in th	nis information to identify your ca	ase:					
Debtor	1 Tiara	J	Sain				
	First Name	Middle Name	Last Name				
Debtor (Spouse,		Middle Name	Last Name				
	- Tist Name						
United	States Bankruptcy Court for the:	Northern	District of Illinois (State)				
Case nu (If known)			(Outo)				
Offic	cial Form 106D				-		Check if this is an amended filing
	edule D: Credite	ore Who Ha	va Claime S	oour	d by Prop	ortv	· ·
							12/15
more sp	omplete and accurate as possib pace is needed, copy the Addition and case number (if known).				•		
	o any creditors have claims so	ecured by your proper	tv?				
	No. Check this box and subm	,,	•	s. You hav	e nothing else to rep	ort on this form.	
	<b>-</b> ■ >		,		3		
	_						
Part 1:			1 1 2 12 12 12 12			0.1.	0.4
	List all secured claims. If a credit separately for each claim. If more the				Column A  Amount of claim	Column B Value of	Column C Unsecured
i	n Part 2. As much as possible, list	•			Do not deduct the	collateral	portion
r	name.				value of collateral.	that supports this claim	If any
	SIERRA AUTO FINANCE LL	Describe the property	that secures the claim:		\$6,551.00	\$5,600.00	\$951.00
	Creditor's Name 5005 LBJ FWY STE 700	048 Automobile					
_	Number Street		, the claim is: Check all t	nat apply.			
_		. Contingent					
_	DALLAS TX 75244	Unliquidated					
	State ZIP Code Who owes the debt? Check one.	Disputed					
Ī	✓ Debtor 1 only	Nature of lien. Check	all that apply.				
Ī	Debtor 2 only		made (such as mortgage o	or secured			
	Debtor 1 and Debtor 2 only	car loan)	as toy lien macherials !!-	n)			
	At least one of the debtors and another	Judgment lien from	as tax lien, mechanic's lie	(1)			
Г	Check if this claim relates	Other (including a r					
	to a community debt  Date debt was 6/2017						
	ncurred	Last 4 digits of accou	nt number 0001	-			

Add the dollar value of your entries in Column A on this page. Write that number

here:

\$6,551.00

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			Oocument Page 23 of 65			
Fill in this infor	mation to identify your ca	ase:				
Debtor 1	Tiara	J	Sain			
Debtor 2	First Name	Middle Name	Last Name			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States B	Sankruptcy Court for the:	Northern	District of Illinois			
Case number			(State)			
(If known)	- 100E/E			Chec	k if this is an	amended filing
	orm 106E/F					ag
<u>Schedu</u>	ule E/F: Cre	ditors Who	o Have Unsecured Clain	าร		12/15
claims that are the entries in t known).	listed in Schedule D: Co	reditors Who Hold Clai ach the Continuation	Unexpired Leases (Official Form 106G). Do not incluins Secured by Property. If more space is needed, or Page to this page. On the top of any additional pages.	copy the Part yo	u need, fill i	out, number
Yes.  2. List all of listed, ider As much a Continuat	ntify what type of claim it is as possible, list the claims ion Page of Part 1. If more	claims. If a creditor ha s. If a claim has both pri in alphabetical order acc than one creditor holds	s more than one priority unsecured claim, list the creditority and nonpriority amounts, list that claim here and scording to the creditor's name. If you have more than to a particular claim, list the other creditors in Part 3.	how both priority	and nonprio	ity amounts.
(i oi aii ex	planation of each type of t	daini, see the instruction	is for this form in the institution booket.)	Total claim	Priority amount	Nonpriority amount
2.1 Erhesma	an Management		Last 4 digits of account number	\$2,000.00	\$0.00	\$2,000.00
	Creditor's Name		When was the debt incurred?			
Number			As of the date you file, the claim is: Check all that apply.			
			Contingent			

Yes

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S. Do any creditors have nonpriority unsecured claims against you?    No. You have nothing to report in this part. Stoom it his form to the court with your other schedules.	Debto	or 1 <u>Tiara</u>	J	Sain	Case number (if known)	
No. You have nonthing to report in this part. Submit this form to the court with your other schedules.   Yes.	Doub (	First Name	Middle Name	Last Name		
No. You have nothing to report in this part. Submit this form to the court with your other schedules.						
4. It all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more more more priority inspected dealine, list the order claims. If a creditor has more more more priority inspected to dealine, list the order claims. If a creditor has more shadown one creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Plat is. Do not list claims is. Do not list claims. So not list claims. So not list claims. So not list claims. So not list claims is. Do not list claims. So not list claims is. One list claims. So not list claims is. Do not list claims. So not list		No. You have nothing to	-		ne court with your other schedules.	
unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four pricity unsecured claims (if but the Continuation Page of Part 2.    Americash   Last 4 digits of account number   \$700.00		<u> </u>				
### Americach   Noneprotity Creditor's Name   Noneprotity Creditor	u It	nsecured claim, list the credito f more than one creditor holds	r separately for each	claim. For each claim	listed, identify what type of claim it is. Do not list claims already in	cluded in Part 1.
Namprotity Creditor's Name   Size   Street   Size						
Mean was the debt incurred?   n/s	4.1				Last 4 digits of account number	\$700.00
As of the date your file, the claim is: Check all that apply.					When was the debt incurred?n/a	
Calumet City   State   Zip Code   Disputed		- Offeet				
City State Zip Code Who incurred the debt? Check one.		Calumet City II	linois	60409	Unliquidated	
Debtor 1 and Debtor 2 only   Debtor 2 only   Debtor 2 only   Debtor 2 only   Debtor 3 and Debtor 2 only   Debtor 4 and Debtor 2 only   Debtor 4 and Debtor 2 only   Debtor 5 and Debtor 5 only   Debtor 5 and Debtor 5 only   Debtor 5 and 5 only 1 only 2 only 1 only 2 only 1 only 2 only 2 only 2 only 2 only 2 only 3 only 2 only 2 only 3 only 3 only 4 o					Disputed	
Debtor 1 and Debtor 2 only			eck one.		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only		<u> </u>			Student loans	
At least one of the debtors and another    Check if this claim relates to a community debt is the claim subject to offset?   No		<u> </u>	nly			
Check if this claim relates to a community debt   st the claim subject to offset?   Ves		At least one of the debto	rs and another		Debts to pension or profit-sharing plans, and other similar	
Academ   Cachem   C				ty debt	Other. Specify Payday loan	
As of the date you file, the claim is: Check all that apply.   Student loans			et?			
Nonpriority Creditor's Name 1001 E Chicago Ave Number Street Suite 121  Naperville Illinois 60540 City State Zip Code Disputed Who incurred the debt? Check one.  Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt is the claim subject to offset?  Ves  As of the date you file, the claim is: Check all that apply.  Disputed Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt is the claim subject to offset? Ves  Other. Specify Other. Specify Nonpriority Creditor's Name Department of Revenue - PO Box 88292 Number Street  As of the date you file, the claim is: Check all that apply.  Carbon SWNCHRONY BANK OLD NAVY Other. Specify Contingent  Last 4 digits of account number Contingent Contingent Unliquidated Unliquidated Disputed  Who incurred the debt? Check one. Visite Zip Code Disputed Type of NONPRIORITY unsecured claim: SWNCHRONY BANK OLD NAVY Other. Specify Unliquidated Disputed Type of NONPRIORITY unsecured claim: Street  As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Street  Type of NONPRIORITY unsecured claim: Street  Obligations arising out of a separation agreement or divorce that you did not report as priority claims		Yes				
Nonpriority Creditor's Name Number Street Suite 121    Naperville   Illinois   60540	4.2	CACH LLC			Last 4 digits of account number 3054	\$279.00
As of the date you file, the claim is: Check all that apply.    Number   Street   Suite   121						
Sulte 121					As of the date you file the claim is: Check all that apply	
City State Zip Code Who incurred the debt? Check one.    Debtor 1 and Debtor 2 only   Deb		Suite 121				
Who incurred the debt? Check one.  ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt Is the claim subject to offset? ☐ No ☐ Yes  ☐ City of Chicago - Parking and red Light Tickets Number ☐ Street ☐ Chicago Illinois 60680 ☐ Chicago Illinois 60680 ☐ Chicago Illinois 60680 ☐ Debtor 1 and Debtor 2 only ☐ Disputed ☐ Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debtor 1 and Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed ☐ Type of NONPRIORITY unsecured claim: ☐ Chicago Illinois 60680 ☐ Unliquidated ☐ Disputed ☐ Type of NONPRIORITY unsecured claim: ☐ Chicago Illinois 60680 ☐ Disputed ☐ Chicago Illinois 60680 ☐ Disputed ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Chicago Illinois 60680 ☐ Disputed ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					Unliquidated	
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Is the claim subject to offset? Ves Other. Specify Other. Specify Other. Specify Other. Specify Other was the debt incurred? Nonpriority Creditor's Name Department of Revenue - PO Box 88292 Number Street  As of the date you file, the claim is: Check all that apply. Chicago Clity State Vip ode Who incurred the debt? Check one. Vip Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims		Who incurred the debt? Ch		2.6 0000	Disputed	
Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  No  Yes  City of Chicago - Parking and red Light Tickets Number Street  Chicago Illinois 60680 City State Zip Code  Who incurred the debt? Check one.  Debtor 2 only  Debtor 1 and Debtor 2 only  Debtor 1 and Debtor 2 only  Chicago Collection offset?  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated  Disputed  Type of NonPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims		<u> </u>			Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another  Check if this claim relates to a community debt  Is the claim subject to offset?  Yes  City of Chicago - Parking and red Light Tickets Nonpriority Creditor's Name Department of Revenue - PO Box 88292 Number Street  Chicago Illinois 60680 City State Zip Code Who incurred the debt? Check one.  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  divorce that you did not report as priority claims  Collection; Collecting for ORIGINAL CREDITOR: 01 SYNCHRONY BANK OLD NAVY Other. Specify  CARD  Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim is: Check all that apply.  Contingent  Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims			-1-		Student loans	
Debts to pension or profit-sharing plans, and other similar debts   Collection; Collecting for ORIGINAL CREDITOR: 01 SYNCHRONY BANK OLD NAVY Other. Specify CARD						
Is the claim subject to offset?  No Yes  City of Chicago - Parking and red Light Tickets Nonpriority Creditor's Name Department of Revenue - PO Box 88292 Number  Chicago Illinois 60680 City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only  Collection; Collecting for ORIGINAL CREDITOR: 01 SYNCHRONY BANK OLD NAVY CARD  \$3,131.32  \$43,131.32  Synchrony Bank OLD NAVY CARD  \$3,131.32  When was the debt incurred?  n/a  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims		브		ty dobt		
As of the date you file, the claim is: Check all that apply.  Chicago Illinois 60680 City State Zip Code Who incurred the debt? Check one.  Debtor 1 and Debtor 2 only  Other. Specify CARD  Last 4 digits of account number				ty debt		
Other. Specify					ORIGINAL CREDITOR: 01	
Nonpriority Creditor's Name Department of Revenue - PO Box 88292  Number Street  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated City State Zip Code Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  Debtor 1 and Debtor 2 only  Number Street  As of the date you file, the claim is: Check all that apply.  Double of the claim is: Check all that apply.  Double of the claim is: Check all that apply.  Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims		Yes				
Nonpriority Creditor's Name Department of Revenue - PO Box 88292  Number Street  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated City State Zip Code Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  Debtor 1 and Debtor 2 only  Debtor 1 and Debtor 2 only  Debtor 2 only  Debtor 3 only  Debtor 4 only  Debtor 5 only  Debtor 6 only  Debtor 6 only  Debtor 7 only  Debtor 8 only  Debtor 9 only  Debtor 9 only  Debtor 1 and Debtor 2 only	4.3		I red Light Tickets		Last 4 digits of account number	\$3,131.32
As of the date you file, the claim is: Check all that apply.  Chicago Illinois 60680  City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  Debtor 1 and Debtor 2 only  Debtor 2 only  Debtor 1 and Debtor 2 only  Debtor 2 only  Debtor 3 only  Debtor 4 only  Debtor 5 only  Debtor 6 only  Debtor 6 only  Debtor 7 only  Debtor 8 only  Debtor 9 only  Debtor 1 and Debtor 2 only  Debtor 1 and Debtor 2 only		' '	Box 88292		<del></del>	
Chicago Illinois 60680  City State Zip Code Disputed  Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  Debtor 1 and Debtor 2 only  Contingent  Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims		Number Street			As of the date you file, the claim is: Check all that apply.	
Criticago Illinois 60680  City State Zip Code Disputed  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  Debtor 1 and Debtor 2 only  Debtor 1 and Debtor 2 only						
City State Zip Code  Who incurred the debt? Check one.  ✓ Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  Debtor 1 and Debtor 2 only  Debtor 2 only  Debtor 1 and Debtor 2 only		Chicago II	linois	60680	Unliquidated	
Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  Debtor 1 and Debtor 2 only  Debtor 1 and Debtor 2 only		City		Zip Code	Disputed	
Debtor 2 only  Debtor 1 and Debtor 2 only  Debtor 1 and Debtor 2 only  Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims		Daleton 1 amb.	eck one.		Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only  divorce that you did not report as priority claims					<b>=</b>	
		Debtor 1 and Debtor 2 o	nly			
		At least one of the debto	rs and another		Debts to pension or profit-sharing plans, and other similar	
debts  Check if this claim relates to a community debt  Other. Specify  Parking tickets		Check if this claim rela	ites to a communi	ty debt		
Is the claim subject to offset?		Is the claim subject to offs	et?		<u> </u>	
✓ No  ✓ Yes						

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Sain Debtor 1 Tiara Case number (if known) First Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 ComEd \$175.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 3 Lincoln Center Street Number As of the date you file, the claim is: Check all that apply. Bankruptcy Section Contingent Unliquidated 60181 Oakbrook Terrace Illinois City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ Old Electric Bills V Is the claim subject to offset? No ☐ Yes First Loan Financial \$1,300.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a 1113 W Chicago Ave As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Chicago Illinois 60642 City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify Title loan on car no longer have  $\overline{\mathbf{v}}$ Is the claim subject to offset? **✓** No Yes INTERNATIONAL BANK OF \$1,426.00 4.6 Last 4 digits of account number 1467 Nonpriority Creditor's Name When was the debt incurred? 10/2014 2840 MORRIS AVE Number Street As of the date you file, the claim is: Check all that apply. Contingent UNION 07083 New Jersev Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts

✓ No Yes

Is the claim subject to offset?

✓

Other. Specify

024 InstallmentLoan

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Sain Debtor 1 Tiara Case number (if known) First Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** PEOPLES ENGY 4.7 \$0.00 7081 Last 4 digits of account number Nonpriority Creditor's Name 200 EAST RANDOLPH When was the debt incurred? 10/2014 Number Street As of the date you file, the claim is: Check all that apply. Contingent **CHICAGO** 60601 Illinois Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ InstallmentLoan Is the claim subject to offset? V No Yes 4.8 PLS \$350.00 Last 4 digits of account number Nonpriority Creditor's Name 6843 N Franklin Ave When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 80538 Loveland Colorado City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim:  $\overline{}$ Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_ Payday loans Is the claim subject to offset? **✓** No Yes SYNCB/OLD NAVY \$0.00 Last 4 digits of account number 1585 Nonpriority Creditor's Name When was the debt incurred? 4/2013 Po Box 530942 Number As of the date you file, the claim is: Check all that apply. Contingent 30353 Atlanta Georgia Unliquidated City Zip Code State Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or At least one of the debtors and another divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts

**✓** No

Is the claim subject to offset?

Other. Specify \_

CreditCard

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Debtor 1 Tiara Sain Case number (if known) First Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 Target \$2,000.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 963 Mailstop 5C-P When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 55440 <u>Minnea</u>polis Minnesota City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ Creditcard Is the claim subject to offset? No  $\overline{\phantom{a}}$ Yes TURNER ACCEPTANCE CRP \$10,134.00 Last 4 digits of account number 7516 Nonpriority Creditor's Name When was the debt incurred? 3/2015 5900 W HOWARD ST Number Street As of the date you file, the claim is: Check all that apply. Contingent SKOKIE Illinois 60077 Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify 044 Automobile Is the claim subject to offset? **✓** No

Yes

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Debtor 1 Tiara Sain Case number (if known) First Name Last Name Add the Amounts for Each Type of Unsecured Claim Part 4: 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$0.00 **Total claims** 6a. Domestic support obligations. from Part 1 \$0.00 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated \$2,000.00 6d. Other. Add all other priority unsecured claims. Write that amount here. \$2,000.00 6e. Total. Add lines 6a through 6d. 6e. **Total claims** \$0.00 **Total claims** 6f. Student loans from Part 2

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Fill in this infor	mation to identify your c	ase:		
Debtor 1	Tiara	J	Sain	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	Northern	District of Illinois (State)	
Case number			(5.55.5)	
(If known)				

#### Official Form 106G

#### Check if this is an amended filing

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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		٥,	Joannone rago	0 00 01 00	
Fill in this info	rmation to identify your c	ase:			
Debtor 1	Tiara	J	Sain		
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
(,	FIIST Name	whale Name	Last Name		
United States	Bankruptcy Court for the:	Northern	District of Illinois		
Case number (If known)			(State)		
				L_1	if this is an
0 ((; ; )	- 40011			amende	ed filing
Official	Form 106H				
Schedul	e H: Your Co	lahtars			12/15
Scriedu	e II. Toul Coc	ientoi s			12/13
1. Do you h  No Yes  2. Within th Idaho, Lo	e last 8 years, have you uisiana, Nevada, New Mex Go to line 3. . Did your spouse, forme No	lived in a community produced in a community produce, Puerto Rico, Texas, Wer spouse, or legal equiva	ashington, and Wisconsin.	? (Community property states and territories include Arizona, Calin.)	lifomia,
	Name of your spouse, f	ormer spouse, or legal equ	ivalent		
	Number Street				
	City	State	Zip Cod	ode	
	· -	-	-	rif your spouse is filing with you. List the person shown in li u have listed the creditor on <i>Schedule D</i> (Official Form 106D	

Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Column 1: Your codebtor

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Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.					9		
Pist Name   Middle Name   Last Name   Middle Name   Last Name   A supplement showing post-petition chapter expenses as of the following date:	Fill in this	information to identify	your case:				
Debtor 2  United States Bankruptcy Court for Morthern District of Illinois the:  Case number A namended filing A supplement showing post-petition chapter expenses as of the following date:  MM / DD / YYYY   12/  Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally spouse. If more space is needed, attach a separate and your spouse is not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If you are separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Describe Employment  1. Fill in your employment information.  If you have more than one job, alter a separate space with information about additional employers.  Occupation Employed work.  Occupation Templay include student or homemaker, if it applies.  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write 50 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need none space, alternative what the monthly wage would be.  2. List monthly gross wages, salary, and commissions (bulow all payrul)  2. Estimate and list monthly overtime pay.  3. +80.00	Debtor 1	Tiara	J	Sain			
An amerided filing   An applement showing post-position chapter the:		First Name	Middle Name	Last Na	ame	— Che	eck if this is:
United States Bankruptcy Court for the:    Case number   C		ling) First Name	Middle Neme	Loot N	omo	_	An amended filing
Official Form 106l Schedule I: Your Income  12/ Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing lightly, and your spouse is living with you, include information about your spouse. If you are spearated and your spouse is not filling with you, do not include information about your spouse. If you are spearated and your spouse is not filling with you, do not include information about your spouse is needed, attach a separated sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Describe Employment  If you have more than one job, attach a separate page with information about additional employers.  Occupation may include student or homemaker, if it applies.  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space, Include your non-filing spouse unless you are separated effect to this form.  For Debtor 1  Maywood Illinois 60153 City State Zip Code  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you non-filing spouse and monthly culculate what the monthly wage would be.  2. List monthly gross wages, salary, and commissions (before all payroll 2, 52,855.47 and 15 monthly gross wages, salary, and commissions (before all payroll 2, 52,855.47 and 15 monthly gross wages, salary, and commissions (before all payroll 2, 52,855.47 and 50 monthly gross wages, salary, and commissions (before all payroll 2, 52,855.47 and 50 monthly gross wages, salary, and commissions (before all payroll 2, 52,855.47 and 50 monthly gross wages, salary, and commissions (before all payroll 2, 52,855.47 and 50 monthly gross wages, salary, and commissions (before all payroll 2, 52,855.47 and 50 monthly gross wages,	(opouse, ii iii	rirst name	Middle Name				
Official Form 106I Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate each your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Describe Employment  Information about additional employers.  Include part time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Debtor 1  Debtor 1  Debtor 2  Employed   Employed   Employed   Employed   Employed   Employed   Mot Empl	the:		Northern	_			
Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Describe Employment  1. Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Occupation  Employed  Occupation  Employed  Occupation  Employer's name  Employer's address  Occupation may include student or homemaker, if it applies.  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you row nor-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  1 How I one of the providence of the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  End of the representation of the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  End of the representation of the providence of the provi		per				_	MM / DD / YYYY
Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, to not include information about your spouse. If you are separated and your spouse is not filing jointly, and your spouse is living with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Describe Employment    Fill in your employment information.   Employment information.   Employment status   Employed   Debtor 1   Debtor 2   Employed   Not	Officia	l Form 106I					
responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Describe Employment  1. Fill in your employment  If you have more than one job, attach a separate page with information about additional employers.  Include part time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's name Employer's address  Employer's address  Employer's address  Employer's address  Employer's name Employed work.  Occupation may include student or homemaker, if it applies.  How long employed there?  Waywood Illinois 60153  City State Zip Code City State Zip Code  How long employed there?  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 2  Estimate monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. +80.00	Sched	ule I: Your In	come				12/15
If you have more than one job, attach a separate page with information.  If you have more than one job, attach a separate page with information about additional employers.  Include part time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's address  Employer's address  Employer's address  Loyola University Health System  Employer's address  2160 South First Avenue  Number Street  Maywood Illinois 60153  City State Zip Code  Tity State Zip Code  How long employed there?  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated are to this form.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  for Debtor 2 or non-filing spouse  Loyola University Health System  Loyola University Health System  Employer's address  Aumber Street  Number Street  Nu	spouse. If I number (if	more space is needed known). Answer ever	l, attach a separate she y question.				
Employment status	•			Debtor 1			Debtor 2
In you have more than one go, attach a separate page with information about additional employers.  Include part time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's name Employer's address  Number Street  Number Street  Number Street  Number Stree			Employment status	. ✓ Emplo	ved		Employed
Include part time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's address  Magwood Illinois 60153 City State Zip Code  City State Zip Code  Total Code  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  Loyola University Health System  Employer's name  Loyola University Health System  Number Street  Number Street  Number Street  Number Street  Number Street  For Debtor 3  For Debtor 2 or non-filing spouse  For Debtor 1  For Debtor 2 or non-filing spouse  2. \$2,655.47  deductions, If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. +\$0.00	-	•			-		
Self-employed work.  Occupation may include student or homemaker, if it applies.    Maywood   Illinois   60153   City   State   Zip Code   City   State   Zip Code	informa	ation about additional	Occupation		1 7		
Occupation may include student or homemaker, if it applies.    Maywood   Illinois   60153   City   State   Zip Code   City   State   Zip Code		•	Employer's name	Loyola Uni	iversity Health S	System	
How long employed there?    City   State   Zip Code   City   State   Zip Code	•	•	Employer's address				Number Street
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  End Debtor 2 or non-filling spouse  2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. + \$0.00							City State Zip Code
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  2. \$2,655.47  deductions.) If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. + \$0.00							
spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.  3. Estimate and list monthly overtime pay.  3. + \$0.00	Part 2: 0	Give Details About N	onthly Income				
3. Estimate and list monthly overtime pay.  3 + \$0.00	spouse ur If you or your more space 2. <b>List r</b> deduce	nless you are separated. our non-filing spouse hav ce, attach a separate she monthly gross wages, sala	e more than one employer, et to this form.  ary, and commissions (before	combine the i	information for	all employers fo	or that person on the lines below. If you need
		nate and list monthly ove	rtime pav.		3.	+ \$0.00	
		-					

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Dec	otor 1 I lara First Name		ast Name		Case numbe	r <i>(if</i>		
	riist Name	Wildle Name L	Last Name		known) For Debtor 1	For Debtor 2 or non-filing spouse		
С	opy line 4 here		<b>→</b> 4	۱.	\$2,655.47			
	ist all payroll dedu							
		and Social Security deductions	5	ia.	\$524.33			
5	b. <b>Mandatory cont</b>	tributions for retirement plans	5	b.	\$0.00			
5	c. Voluntary contr	ibutions for retirement plans	5	ic.	\$0.00			
5	id. <b>Required repay</b>	ments of retirement fund loans	5	id.	\$0.00			
5	ie. Insurance		5	ie.	\$0.00			
5	f. Domestic suppo	rt obligations	5	if.	\$0.00			
5	ig. <b>Union dues</b>		5	ig.	\$0.00			
5	h. Other deduction	ns. Specify:	_ 5	ih. +	\$0.00 +			
	dd the payroll ded	uctions. Add lines 5a + 5b + 5c + 5d + 5e +5f		i.	\$524.33			
7. <b>C</b>	alculate total mon	thly take-home pay. Subtract line 6 from line	4. 7		\$2,131.13			
8. <b>L</b> i	ist all other incom	e regularly received:						
8	business, profes	•						
	gross receipts, or	nt for each property and business showing rdinary and necessary business expenses, and						
	the total monthly	net income.	8	la.	\$0.00			
8	Bb. Interest and div	ridends	8	b.	\$0.00			
8	dependent regu	-	a					
		spousal support, child support, maintenance, it, and property settlement.	8	Sc.	\$0.00			
8	d. Unemployment	compensation	8	ld.	\$0.00			
8	e. Social Security		8	le.	\$0.00			
8	Include cash assictash assistance the under the Supple housing subsidies Specify:	ent assistance that you regularly receive stance and the value (if known) of any non- nat you receive, such as food stamps (benefits mental Nutrition Assistance Program) or s  Programs Income		sf.	\$636.0 <u>0</u>			
8	g. Pension or retir	rement income	8	lg.	\$0.00			
8	h. Other monthly i	income. Specify:	8	sh. +	\$0.00 +			
9. <b>A</b>	dd all other incom	<b>e</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g +	- 8h. 9	).	\$636.00			
		income. Add line 7 + line 9. e 10 for Debtor 1 and Debtor 2 or non-filing sp		0.	\$2,767.13		=	\$2,767.13
lı fı	11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.							
	Specify:	,			. , .		11. +	\$0.00
_								
		the last column of line 10 to the amount in the Summary of Schedules and Statistical Sur					12.	\$2,767.13
								Combined monthly income
13. [	13. Do you expect an increase or decrease within the year after you file this form?  No.							
	Voc Everleier F							<del></del>
L	Yes. Explain:							

### Case 18-20544 Doc 1 Filed 07/23/18 Entered 07/23/18 14:41:49 Desc Main

		Doct	illient Page 33 01 0	)		
Fill in this infor	rmation to identif	y your case:				
Debtor 1	Tiara	J	Sain			
	First Name	Middle Name	Last Name	Check if this is:		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	An amended fili	ng	
				A supplement s	howing post	-petition chapter 13
United States i	Bankruptcy Court	for the: Northern	District of Illinois (State)	expenses as of		
Case number (If known)				MM / DD / YYY	<del></del>	
Official	Form 10	 16J		W.W. / 25 / 111		
		Expenses				12/15
information. If (if known). Ans	more space is n swer every quest					
	cribe Your Ho	usenoia				
1. Is this a joi						
✓ No. G	o to line 2					
Yes. D	oes Debtor 2 live	e in a separate household?				
	No					
	Yes. Debtor 2	must file Official Forms 106J-2, Exper	nses for Separate Household of Deb	tor 2.		
2. Do you hav	ve dependents?	No				
Do not list [ Debtor 2.	Debtor 1 and	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2 Child	Dependent's age	Does dep with you'	pendent live ?
					✓ Yes.	
			Child		No.	
					✓ Yes.	
			Child		No.	
0. Da	! !				✓ Yes.	
	penses include of people other	<b>✓</b> No				
than yourself an dependent	-	Yes				
Part 2: Esti	mate Your On	going Monthly Expenses				
-	of a date after th	your bankruptcy filing date unless y ne bankruptcy is filed. If this is a sup				
	•	h non-cash government assistance luded it on Sc <i>hedule I: Your Income</i>	-			Your expenses
	I or home owner or the ground or l	rship expenses for your residence. In ot. 4.	nclude first mortgage payments and		4.	\$400.00
If not inc	luded in line 4:					
	state taxes				4a	\$0.00
4b. Prope	erty, homeowner's	, or renter's insurance			4b.	\$0.00

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

4c.

4d.

\$0.00

\$0.00

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Debtor 1 Tiara J Sain Case number (if known)
First Name Middle Name Last Name

5. Additional mortgage payments for your residence, such as home equity loans         5.         \$0.00           5. Utilities:         6.         \$175.00           6. Utilities:         6.         \$175.00           6. Utilities:         6.         \$175.00           6. Utility water, sever, garbage collection         6.         \$20.00           6. Crelephone, coll phone, Internet, statilite, and cable services         6.         \$20.00           6. Crelephone, coll phone, Internet, statilite, and cable services         6.         \$20.00           6. Crelephone, coll phone, Internet, statilite, and cable services         6.         \$20.00           6. Crelephone, coll phone, Internet, statilite, and cable services         6.         \$20.00           6. Crelephone, coll phone, Internet, statility, and cry cleaning         6.         \$30.00           7. Coldring, Baundry, and dry cleaning         9.         \$300.00           10. Personal care products and services         11.         \$300.00           11. Medicial and dental seynences         11.         \$300.00           12. Transportation, Include gar, mainternance, but or train fave.         12.         \$300.00           13. Entertainment, clubse, recreation, newspapers, magazines, and books         13.         \$50.00           14. Charitable contributions and religious donations	First Name	Middle Name Last Name		
6. Ullities         6. Electricity, heat, natural gas         6. S. \$175.00           6b. Water, sewer, garbage collection         6b. \$0.00           6b. Telephone, cell phone, Internet, satellite, and cable services         6c. \$225.00           6c. Other, Specify;         6d. \$30.00           7. Food and housekeeping supplies         8.         \$195.00           8. Childcare and children's education costs         8.         \$195.00           9. Clothing, laundry, and dry cleaning         9.         \$300.00           10. Personal care products and services         10.         \$250.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$250.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.00           14. Charitable contributions and religious donations         15.         \$0.00           15. Insurance.         15.         \$0.00           15. Insurance.         15.         \$0.00           15. Insurance.         15.         \$0.00           15. Insurance.         15.         \$0.00           15. Cythicle insurance.         15.         \$0.00           15. Vehicle insurance.         \$0.00         \$0.00				Your expenses
6a. Electricity, heat, natural gas	5. Additional mortgage payme	ents for your residence, such as home equity loans	5.	\$0.00
6b. Water, sewer, garbage collection         6b.         \$0.00           6c. Telephone, cell phone, Internet, satellite, and cable services         6c.         \$225.00           6d. Other, Specify:         6c.         \$225.00           7. Food and housekceping supplies         7.         \$882.00           8. Childcare and children's education costs         8.         \$195.00           9. Citothing, laundry, and dry cleaning         9.         \$300.00           10. Personal care products and services         11.         \$0.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$250.00           10. Do not include care payements         13.         \$0.00           14. Charitable contributions and religious donations         13.         \$0.00           15. Insurance         15         \$0.00           15a. Life insurance deducted from your pay or included in lines 4 or 20.         15a         \$0.00           15c. Vehicle insurance         15a         \$0.00           15c. Vehicle insurance         15a         \$0.00           15c. Vehicle insurance         15a         \$0.00           15c. Taxes Do not include taxes deducted from your pay or included in lines 4 or 20.         \$0.00	6. Utilities:			
6c. Telephone, cell phone, Internet, satellite, and cable services         6c.         \$225.00           6d. Other, Specify:         6d.         \$30.00           7. Food and housekeeping supplies         7.         \$8862.00           8. Childcare and children's education costs         8.         \$1950.00           9. Clothing, laundry, and dry cleaning         9.         \$300.00           10. Personal care products and services         10.         \$250.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation. Include gas, maintenance, bus or Irain fare.         12.         \$250.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Instrance.         15.         \$0.00           15. Lete insurance         15.         \$0.00           15. Lete insurance.         15.         \$0.00           15. Lete insurance.         15.         \$0.00           15. Lete insurance.         \$0.00         \$0.00           15. L	6a. Electricity, heat, natural g	as	6a.	\$175.00
6d. Other. Specify         6d         \$0.00           7. Food and housekeeping supplies         7.         \$882.00           8. Childcare and children's education costs         8.         \$195.00           9. Clothing, laundry, and dry cleaning         9.         \$300.00           10. Personal care products and services         10.         \$250.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation, Include gas, maintenance, bus or train fare.         12.         \$250.00           Do not include car payments         13.         \$0.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.00           14. Charitable contributions and religious donations         15.         \$0.00           15. Insurance.         15         \$0.00           15. List insurance deducted from your pay or included in lines 4 or 20.         15         \$0.00           15. Health insurance         15         \$0.00           15. Health insurance         15         \$0.00           15. List insurance.         15         \$0.00           15. Taxes, Do not include taxes deducted from your pay or included in lines 4 or 20.         \$0.00           17. Installment or lease payments.         17a         \$0.00	6b. Water, sewer, garbage co	ollection	6b.	\$0.00
7. Food and housekeeping supplies         7.         \$882.00           8. Childcare and childcare's education costs         8.         \$195.00           9. Clothing, laundry, and dry cleaning         9.         \$300.00           10. Personal care products and services         10.         \$255.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$255.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance.         156         \$0.00           15. Insurance.         156         \$0.00           15b. Health insurance deducted from your pay or included in lines 4 or 20.         156         \$0.00           15c. Vehicle insurance. Specify:         150         \$0.00           15c. Vehicle insurance. Specify:         16         \$0.00 </td <td>6c. Telephone, cell phone, Ir</td> <td>nternet, satellite, and cable services</td> <td>6c.</td> <td>\$225.00</td>	6c. Telephone, cell phone, Ir	nternet, satellite, and cable services	6c.	\$225.00
8. Childcare and children's education costs         8. S195.00           9. Clothing, laundry, and dry cleaning         9. \$300.00           10. Personal care products and services         10. \$250.00           11. Medical and dental expenses         11. \$250.00           12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments         12. \$250.00           14. Charitable contributions and religious donations         14. \$0.00           15. Insurance.         15. Insurance           Do not include insurance deducted from your pay or included in lines 4 or 20.         15s. Life insurance           15a. Life insurance         15a. \$0.00           15b. Health insurance         15b. \$0.00           15c. Vehicle insurance.         15c. \$100.00           15d. Other insurance. Specify:         15c. \$100.00           15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.         \$0.00           15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.         \$0.00           17c. Other. Specify:         17c. \$0.00           17a. Car payments for Vehicle 1         17a. \$0.00           17c. Other. Specify:         17d. \$0.00           17c. Other. Specify:         17d. \$0.00           17d. Other. Specify:         17d. \$0.00           18c. Your payments o	6d. Other. Specify:		6d	\$0.00
9. Clothing, laundry, and dry cleaning         9.         \$300.00           10. Personal care products and services         10.         \$250.00           11. Medical and dental expenses         11.         \$0.00           12. Transportation, Include gas, maintenance, bus or train fare.         12.         \$250.00           10. Insurance in clude, recreation, newspapers, magazines, and books         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance.         8.00         \$0.00           15. Insurance.         155.         \$0.00           15. Lie insurance deducted from your pay or included in lines 4 or 20.         156.         \$0.00           15. Vehicle insurance         156         \$0.00           15. Vehicle insurance.         156         \$0.00	7. Food and housekeeping su	pplies	7.	\$862.00
10. Personal care products and services       10.       \$250.00         11. Medical and dental expenses       11.       \$0.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       12.       \$250.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13.       \$0.00         14. Charitable contributions and religious donations       14.       \$0.00         15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a.       \$0.00         15a. Life insurance       15a.       \$0.00       \$0	8. Childcare and children's ed	ducation costs	8.	\$195.00
11. Medical and dental expenses       11.       \$0.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       12.       \$250.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       13.       \$20.00         14. Charitable contributions and religious donations       14.       \$0.00         15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a       \$0.00         15b. Health insurance       15b. Which insurance       15c. Vehicle insurance       17c. Other. Specify:	9. Clothing, laundry, and dry	cleaning	9.	\$300.00
12.   Transportation. Include gas, maintenance, bus or train fare. Do not include car payments   12.   \$250.00	10. Personal care products a	nd services	10.	\$250.00
Do not included car payments   13.	11. Medical and dental expen	nses	11.	\$0.00
14. Charitable contributions and religious donations       14. \$0.00         15. Insurance.       Do not include insurance deducted from your pay or included in lines 4 or 20.         15a. Life insurance       15a. S 0.00         15b. Health insurance       15b \$0.00         15c. Vehicle insurance       15c \$110.00         15c. Vehicle insurance. Specify:       15d \$0.00         16c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       5pecify:         Specify:       16         17. Installment or lease payments:       17a         17a. Car payments for Vehicle 1       17a         17b. Car payments for Vehicle 2       17b         17c. Other. Specify:       17c         17c. Other. Specify:       17c         17c. Other. Specify:       17c         17c. Other. Specify:       17c         18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).       18.         19. Other payments you make to support others who do not live with you.       19.       \$0.00         20a. Mortgages on other property       20a       \$0.00         20b. Real estate taxes.       20b       \$0.00         20c. Property, homeowner's, or renter's insurance       20c       \$0.00	-		12.	\$250.00
15. Insurance.	13. Entertainment, clubs, rec	reation, newspapers, magazines, and books	13.	\$0.00
Do not include insurance deducted from your pay or included in lines 4 or 20.	14. Charitable contributions a	and religious donations	14.	\$0.00
15b. Health insurance       15b       \$0.00         15c. Vehicle insurance       15c       \$110.00         15d. Other insurance. Specify:       15d       \$0.00         16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00         Specify:       16       \$0.00         17. Installment or lease payments:       17a       \$0.00         17b. Car payments for Vehicle 1       17a       \$0.00         17c. Other. Specify:       17c       \$0.00         17d. Other. Specify:       17d       \$0.00         18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).       18.         19. Other payments you make to support others who do not live with you.       \$0.00         Specify:       19.       \$0.00         20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.       20a       \$0.00         20b. Real estate taxes.       20b       \$0.00         20c. Property, homeowner's, or renter's insurance       20c       \$0.00         20d. Maintenance, repair, and upkeep expenses.       20d       \$0.00		ducted from your pay or included in lines 4 or 20.		
15c. Vehicle insurance	15a. Life insurance		15a	\$0.00
15d. Other insurance. Specify:	15b. Health insurance		15b	\$0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.   Specify:	15c. Vehicle insurance		15c	\$110.00
Specify:	15d. Other insurance. Specif	fy:	15d	\$0.00
17.   Installment or lease payments:   17a. Car payments for Vehicle 1   17a   \$0.00   17b. Car payments for Vehicle 2   17b   \$0.00   17c. Other. Specify:   17c   \$0.00   17d. Other. Specify:   17d   \$0.00   17d. Other. Specify:   17d   \$0.00   18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).   18.   19. Other payments you make to support others who do not live with you.   19.   \$0.00   20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.   20a   \$0.00   20b. Real estate taxes.   20b   \$0.00   20b. Real estate taxes.   20c. Property, homeowner's, or renter's insurance   20c. \$0.00   20d. Maintenance, repair, and upkeep expenses.   20d. \$0.00   \$0.00   \$0.00   20d. Maintenance, repair, and upkeep expenses.   20d. \$0.00   \$0.	16. Taxes. Do not include taxes	s deducted from your pay or included in lines 4 or 20.		
17. Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify:  17d. So.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. 19. Other payments you make to support others who do not live with you.  Specify:  19. \$0.00  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20b \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d. \$0.00	Specify:		16	\$0.00
17b. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. So.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. 19. Other payments you make to support others who do not live with you. Specify: 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes. 20b. \$0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00	17. Installment or lease paym	nents:	10	
17c. Other. Specify: 17d. S0.00 17d. Other. Specify: 17d \$0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18.  19. Other payments you make to support others who do not live with you.  Specify: 19. \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20a \$0.00 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d \$0.00	17a. Car payments for Vehic	le 1	17a	\$0.00
17d. Other. Specify:	17b. Car payments for Vehic	cle 2	17b	\$0.00
17d. Other. Specify:	17c. Other. Specify:		17c	\$0.00
your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20c \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.			17d	\$0.00
19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20b \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d \$0.00				\$0.00
Specify:	, , ,	,	18.	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes. 20b. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00		to support others who do not live with you.	10	Ф0.00
20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c. Maintenance, repair, and upkeep expenses. 20d \$0.00		ses not included in lines 4 or 5 of this form or on Schedule I: Your Income	19.	\$0.00
20b. Real estate taxes.  20b. \$0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses.  20d. \$0.00			20a	\$0.00
20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00				
20d. Maintenance, repair, and upkeep expenses.  20d \$0.00	20c. Property, homeowner's	s, or renter's insurance		
	20d. Maintenance, repair, an	d upkeep expenses.		
	20e. Homeowner's associati	ion or condominium dues		

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Debtor 1			J	Sain	Case number (if known)				
	First Na	me	Middle Name	Last Name					
21.Other	. Speci	fy:				21	\$0.00		
00 0-1-									
	2. Calculate your monthly expenses.								
	22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2								
		` .	,		<u>'</u>		\$2,767.00		
			sult is your monthly exp	enses.		22.			
23.Calcu	late y	our monthly net inco	me.						
23a. C	Copy lir	ne 12 (your combined	monthly income) from	Schedule I.		23a	\$2,767.13		
23b. (	Сору у	our monthly expenses	from line 22 above.			23b	\$2,767.00		
			ses from your monthly i	ncome.			\$0.13		
-	The res	ult is your monthly ne	t income.			23c			
24 Do v	nu exn	ect an increase or de	ecrease in vour expen	ses within the year after	you file this form?				
-	•			-					
				loan within the year or do y modification to the terms o					
more	yaye p	ayinent to increase or	decrease because or a r	Trodification to the terms of	r your mongage:				
<b>✓</b> N	Ю								
ΠY	'es								
		Explain here:							
		Explain nele.							

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Fill in this infor	Fill in this information to identify your case:				
Debtor 1	Tiara	J	Sain		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States E	Bankruptcy Court for the:	Northern	District of Illinois (State)		
Case number			(,		

#### Official Form 106Dec

П	Check if this is an
	amended filing

#### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining

whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Pa	t 1: Sign Below					
	Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?					
	✓ No					
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).				
	Under penalty of perjury, I declare that I have read the summary that they are true and correct.	and schedules filed with this declaration and				
	that they are true and correct.					
×	/s/ Tiara Sain	×				
	Signature of Debtor 1	Signature of Debtor 2				
	Date 7/23/2018	Date				
	MM/DD/YYYY	MM/DD/YYYY				

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Fill in t	this infor	mation to identify your c	ase:					
Debto		Tiara	J	Sain				
Debto	r 2	First Name	Middle	Name Last Nar	ne			
	e, if filing)	First Name	Middle	Name Last Nar	ne			
United	I States E	ankruptcy Court for the:	Northern	District of Illin				
Case r	number			(Sta				
	<u> </u>	E 407						Check if this is a
Offi	cıal	Form 107						amended filing
Stat	eme	nt of Financia	l Affairs f	or Individuals	Filing for	Bankru	ptcy	04/1
				arried people are filing arate sheet to this form				
		own). Answer every qu				,	1.0,	,
Part 1	Give	Details About Your	Marital Status	and Where You Lived	d Before			
1.	What is	your current marital sta	itus?					
	☐ Mai	ried						
	Not	married						
2.	During t	he last 3 years, have yo	u lived anywher	e other than where you l	ive now?			
	<b>√</b> No							
	_	. List all of the places yo	u lived in the las	t 3 years. Do not include	where you live no	DW.		
	Deb	tor 1:		Dates Debtor 1 lived there	Debtor 2:			Dates Debtor 2 lived there
					Same as	Debtor 1		Same as Debtor 1
					ш			
	Nun	nber Street		From	Number Stree	t		From
				То	-			То
	City	State	Zip Code		City	State	Zip Code	
					Same as	Debtor 1		Same as Debtor 1
	Nive	ala ay Ohya ah		From	Normala au Otro a			From
	- Nun	nber Street		То	Number Stree	τ		То
	City	State	Zip Code		City	State	Zip Code	
				oouse or legal equivalent siana, Nevada, New Mexico	-		- '	
_	<b>-</b>	include Anzona, Camo	ima, idano, Louis	siarra, rvevada, rvew iviexioc	, ruerto riico, rex	as, washingto	ii, and wisconsiii.)	
<u> </u>		Make sure you fill out So	chedule H: Your	Codebtors (Official Form	106H).			

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ebtor <sup>-</sup>	1 Tiara J First Name Middle	Sain Name Last Na		number (if known)	
art 2:	Explain the Sources of Your Inc	come			
Fill	I you have any income from employmin the total amount of income you receivivities. If you are filing a joint case and you not	ed from all jobs and all bus	sinesses, including part-time		rears?
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	rom January 1 of current year until ne date you filed for bankruptcy:	Wages, commissions, bonuses, tips Operating a business	\$17098.21	Wages, commissions, bonuses, tips Operating a business	
	or last calendar year: lanuary 1 to December 31, 2017 ) YYYY	Wages, commissions, bonuses, tips Operating a business	\$28784.00	Wages, commissions, bonuses, tips Operating a business	
	or the calendar year before that: lanuary 1 to December 31, 2016 ) YYYY	Wages, commissions, bonuses, tips Operating a business	\$29000.00	Wages, commissions, bonuses, tips Operating a business	
pub filing	ude income regardless of whether that in lic benefit payments; pensions; rental inc g a joint case and you have income that each source and the gross income from No Yes. Fill in the details.	come; interest; dividends; n you received together, list it	noney collected from lawsuits tonly once under Debtor 1.	; royalties; and gambling and	
		Debtor 1		Debtor 2	
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
	From January 1 of current year until he date you filed for bankruptcy:	YTD LINK INCOME	\$4,452.00		
	For last calendar year: January 1 to December 31, 2017 )  YYYY	2017 Estimated LINK INCOME	\$1,584.00		
	For the calendar year before that:  January 1 to December 31, 2016 )  YYYY	2016 Estimated LINK INCOME	\$4,368.00		

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Sain Debtor 1 Tiara Case number (if known) First Name Part 3: List Certain Payments You Made Before You Filed for Bankruptcy 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Amount you still owe Was this payment Dates of payment Total amount paid for Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Number Street Credit card Loan repayment Citv Suppliers or State 7in Code vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Suppliers or Zip Code vendors

Other

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•	Tiara		J	Sai		Case number	(if known)
	First Name		Middle Name	Las	t Name		
nsi or ge	ders include your r porations of which	elatives; ar you are ar or a busin	ny general partners n officer, director, ess you operate as	s; relatives of any operson in control,	general partners; part or owner of 20% or	nerships of which y more of their voting	who was an insider?  you are a general partner; g securities; and any managing c domestic support obligations,
<b>✓</b>	No						
<u>~</u>	Yes. List all payr	nents to a	ın insider				
Ш	roo. Lot all pay.		ar in loid or .	Dates of	Total amount	Amount you	Reason for this payment
				payment	paid	still owe	Troubon for the paymont
	Insider's Name						
	Number Street						
	City	State	Zip Code				
	Oity	State	Zip Code				
	Insider's Name						
	Number Street						
	_						
	City	State	Zip Code				
	der? ude payments on o No Yes. List all payn		ranteed or cosigne	-	Total amount paid	Amount you still owe	Reason for this payment  Include creditor's name
	Insider's Name						
	Number Street						
	City	State	Zip Code				
	Oity	oiale	Zip Code				
	Insider's Name						
	Number Street						
	Number Street						

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Debtor 1 Tiara Sain Case number (if known) Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes. Fill in the details. Nature of the case Status of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded Citv State Zip Code 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Describe the property Value of the property Garnishment of wages \$1565 TURNER ACCEPTANCE CRP Creditor's Name Explain what happened 5900 W HOWARD ST Number Street Property was repossessed. Property was foreclosed. SKOKIE Illinois 60077 Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

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Debte	tor 1 Tiara J	Sain	Case number (if known)	
	First Name Middle Name	e Last Name		
11.	Within 90 days before you filed for bankrupt accounts or refuse to make a payment bec		pank or financial institution, set off any amo	ounts from your
	<b>☑</b> No			
	Yes. Fill in the details.			
		Describe the action th	e creditor took Date action was taken	Amount
	Creditor's Name	_		
	Number Street			
		Last 4 digits of account	number: XXXX-	
	City State Zip Cod	de .		
	only online inprove			
	Within 1 year before you filed for bankruptc appointed receiver, a custodian, or another		possession of an assignee for the benefit of	creditors, a court-
	<b>✓</b> No			
	<b>≌</b>			
	Yes			
Part	5: List Certain Gifts and Contributions	5		
13.	Within 2 years before you filed for bankrup	tcy, did you give any gifts with a t	otal value of more than \$600 per person?	
	<b>✓</b> No			
	Yes. Fill in the details for each gift.			
	Gifts with a total value of more than \$6 per person	Describe the gifts	Dates you gave the gifts	Value
			-	
	Person to Whom You Gave the Gift			
		<del></del>		
	Number Street			
	City State Zip Cod	de		
	Person's relationship to you			
	reison s relationship to you			
	<del></del>			
				•
	Person to Whom You Gave the Gift			
	Number Street			
	City State Zip Cod	de		
	Person's relationship to you			

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CDIOI	1 Tiara	J	Sain	Case number (if know	n)	
	First Name	Middle Name	Last Name	<del>-</del>		
. Wi	ithin 2 years before you fi	led for bankruptcy, did	I you give any gifts or contributions	s with a total value o	f more than \$600	to any charity?
V	No					
Ë	Yes. Fill in the details fo	or each gift or contributi	ion			
	-	-	ion.			
	Gifts or contributions		Describe what you contribute	ed	Date you	Value
	that total more than \$	600			contributed	
						-
	Charity's Name		-			
	,					
			_			
	Number Street		_			
	Training of Guidet					
	City State	zip Code	-			
	_	P				
rt 6:	<b>List Certain Losses</b>					
		ed for bankruptcy or si	nce you filed for bankruptcy, did yo	ou lose anything bec	ause of theft, fire,	other disaster, or
ga	mbling?					
<b>✓</b>	No					
	Yes. Fill in the details.					
_	4					
	Describe the property how the loss occurred	you lost and	Describe any insurance cover Include the amount that insurar		Date of your loss	Value of property lost
	now the loss occurred		pending insurance claims on lin		1055	1051
			A/B: Property.	o oo or comedate		
						-
rt 7.						
. Wi ab	out seeking bankruptcy	ed for bankruptcy, did y or preparing a bankrup	you or anyone else acting on your etcy petition? or credit counseling agencies for servi			nnyone you consulte
i. Wi ab	thin 1 year before you file out seeking bankruptoy o clude any attorneys, bankru	ed for bankruptcy, did y or preparing a bankrup	tcy petition?			nnyone you consulte
. Wi ab	thin 1 year before you file out seeking bankruptcy c clude any attorneys, bankru	ed for bankruptcy, did y or preparing a bankrup	tcy petition? or credit counseling agencies for servi	ces required in your ba	nkruptcy.	
. Wi ab	thin 1 year before you file out seeking bankruptoy o clude any attorneys, bankru	ed for bankruptcy, did y or preparing a bankrup	tcy petition? or credit counseling agencies for service Description and value of any p	ces required in your ba	nkruptcy.  Date payment	Amount of
. Wi ab	thin 1 year before you file out seeking bankruptoy o clude any attorneys, bankru	ed for bankruptcy, did y or preparing a bankrup	tcy petition? or credit counseling agencies for servi	ces required in your ba	Date payment or transfer	
. Wi	thin 1 year before you file out seeking bankruptcy of the clude any attorneys, bankru  No Yes. Fill in the details.	ed for bankruptcy, did y or preparing a bankrup	tcy petition? or credit counseling agencies for service  Description and value of any partnerserred	ces required in your ba	Date payment or transfer was made	Amount of payment
. Wi	thin 1 year before you file out seeking bankruptcy clude any attorneys, bankru No Yes. Fill in the details.  Semrad Law Firm	ed for bankruptcy, did y or preparing a bankrup	tcy petition? or credit counseling agencies for service Description and value of any p	ces required in your ba	Date payment or transfer	Amount of
. Wi	thin 1 year before you file out seeking bankruptcy o clude any attorneys, bankru No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid	ed for bankruptcy, did y or preparing a bankrup	tcy petition? or credit counseling agencies for service  Description and value of any partnerserred	ces required in your ba	Date payment or transfer was made	Amount of payment
. Wi ab	thin 1 year before you file out seeking bankruptcy clude any attorneys, bankru No Yes. Fill in the details.  Semrad Law Firm	ed for bankruptcy, did y or preparing a bankrup	tcy petition? or credit counseling agencies for service  Description and value of any partners of the counseling agencies for service.	ces required in your ba	Date payment or transfer was made	Amount of payment
. Wi ab	thin 1 year before you file out seeking bankruptcy o clude any attorneys, bankru No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street	ed for bankruptcy, did y or preparing a bankrup	tcy petition? or credit counseling agencies for service  Description and value of any partners of the counseling agencies for service.	ces required in your ba	Date payment or transfer was made	Amount of payment
. Wi ab	thin 1 year before you file out seeking bankruptcy o clude any attorneys, bankru No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 20 S. Clark Street	ed for bankruptcy, did y or preparing a bankrup ptcy petition preparers, o	tcy petition? or credit counseling agencies for service  Description and value of any partners of the counseling agencies for service.	ces required in your ba	Date payment or transfer was made	Amount of payment
. Wi ab	thin 1 year before you file out seeking bankruptcy of clude any attorneys, bankru No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illino	ed for bankruptcy, did yor preparing a bankrup ptcy petition preparers, of the preparers of	tcy petition? or credit counseling agencies for service  Description and value of any partners of the counseling agencies for service.	ces required in your ba	Date payment or transfer was made	Amount of payment
. Wi	thin 1 year before you file out seeking bankruptcy o clude any attorneys, bankru No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor	ed for bankruptcy, did yor preparing a bankrup ptcy petition preparers, of the preparers of	tcy petition? or credit counseling agencies for service  Description and value of any partners of the counseling agencies for service.	ces required in your ba	Date payment or transfer was made	Amount of payment
. Wi	thin 1 year before you file out seeking bankruptcy o clude any attorneys, bankru No Yes. Fill in the details.  Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illino City State	ed for bankruptcy, did yor preparing a bankrup protry petition preparers, of	tcy petition? or credit counseling agencies for service  Description and value of any partners of the counseling agencies for service.	ces required in your ba	Date payment or transfer was made	Amount of payment
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Debt	or 1	Tiara	J	Sain	Case number <i>(if known</i>	7)	
		First Name	Middle Name	Last Name			
17.	help	nin 1 year before you filed for you deal with your creditor not include any payment or tr	ors or to make paym		half pay or transfe	r any property to a	anyone who promised to
		No Yes. Fill in the details.					
				Description and value of any protransferred	operty	Date payment or transfer was made	Amount of payment
		Person Who Was Paid					
		Number Street					
		City State	Zip Code				
18.	<b>the</b> Inclu	ordinary course of your busude both outright transfers an transfers that you have alread	siness or financial and transfers made as s	security (such as the granting of a secu			
		Yes. Fill in the details.		Description and value of proper	ty Describe an	y property or	Date
				transferred	payments re in exchange	eceived or debts p	paid transfer was made
		Person Who Received Trans	fer				
		Number Street					
		City State Person's relationship to you	Zip Code				
		Person Who Received Trans	fer				
		Number Street		•			
		City State Person's relationship to you	Zip Code				
19.	ben	nin 10 years before you filed eficiary? ese are often called asset-prot		d you transfer any property to a self-	settled trust or sim	nilar device of whi	ch you are a
	<b>✓</b>	No Yes. Fill in the details.					
	J			Description and value of the p	roperty transferred		Date transfer was made
		Name of trust					

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Debtor 1 Tiara Case number (if known) First Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance number instrument account was before closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City Zip Code State XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other Zip Code 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code State Zip Code 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Yes Number Street Number Street Citv State 7in Code City State Zip Code

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Debtor 1 Tiara Case number (if known) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. **✓** No Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code City State Zip Code **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Date of Environmental law, if you know it notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code Zip Code State 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street **NumberStreet** City State Zip Code City State Zip Code

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Deb	tor 1				Sain		Case	e number <i>(ii</i>	f known)	
		First Name	N	Middle Name	Last Name	9				
26.	Hav	e you been a part	y in any judici	al or administr	ative proceeding	under a	ny environmen	ital law? In	nclude settlements and c	orders.
		No Yes. Fill in the det	ails.							
					Court or agency			Nature (	of the case	Status of the case
		Case title			Court Name					Pending
		Case number			NumberStreet					On appeal
					City St	ate	Zip Code			Concluded
Part	t 11:	Give Details Ab	oout Your B	usiness or Co	onnections to A	ny Busi	ness			
27.	Witl	nin 4 years before	you filed for b	ankruptcy, did	l you own a busin	ess or h	ave any of the	following c	connections to any busin	ess?
					ade, profession, o		-	ull-time or p	part-time	
		A member of A partner in a		lity company (L	LC) or limited liab	oility part	tnership (LLP)			
				aging executiv	e of a corporation	n				
		An owner of	at least 5% of	the voting or e	equity securities of	f a corpo	oration			
	V	No. None of the a Yes. Check all tha				oooh hu	usinoss			
	Ш	res. Check all the	агарріу ароу	e and illi in the			e of the busine	SS	Employer Identification	n number Do not
									include Social Securit	y number or ITIN.
		Business Name			_				EIN:	
		Number Street			Name of ac	countar	nt or bookkeep	er	Dates business existe	d
		City	State	Zip Code					From To	
					Describe th	ne natur	e of the busine	SS	Employer Identification	
		Business Name			_				EIN:	
		Number Street			_				Dates business existe	d
		City	State	Zip Code	Name of ac	countar	nt or bookkeep	er	FromTo	
		,		_p					10	
					Describe th	ne natur	e of the busine	ss	Employer Identification include Social Security	
		Business Name			_				EIN:	
		Number Street			Name of ac	ccountar	nt or bookkeep	er	Dates business existe	d
		City	State	Zip Code		Journal	or soonneep		From To	

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Debte	or 1 Tiara		J	Sain	Case number (if known)
	First Name		Middle Name	Last Name	
	creditors, or	other parties.		ou give a financial stateme	ent to anyone about your business? Include all financial institutions,
	Tes. Fill II	n the details below	•		
				Date issued	
	Name			MM/DD/YYYY	
	Name				
	Number	Street		<del>_</del>	
				<u></u>	
	City	State	Zip Code		
Part	12: Sign Be	elow			
tr	rue and corre bankruptcy o	ct. I understand th ase can result in f	at making a false sta	atement, concealing prope	ents, and I declare under penalty of perjury that the answers are rty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
	×	/s/ Tiara Sain			×
		Signature of Deb	tor 1		Signature of Debtor 2
		Date 7/23/2018			Date
D	id you attach	additional pages	to Your Statement o	f Financial Affairs for Indivi	duals Filing for Bankruptcy (Official Form 107)?
Ŀ	No				
	Yes				
D	id you pay or	agree to pay some	eone who is not an a	ttorney to help you fill out	bankruptcy forms?
Ŀ	No				
	Yes. Name	of person			Attach the Bankruptcy Petition Preparer's Notice,

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Fill in this information to identify your case:					
Debtor 1	Tiara	J	Sain		
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States E	Bankruptcy Court for the:	Northern	District of Illinois (State)		
Case number (If known)			(Glate)		

Check if this is an amended filing

#### Official Form 108

#### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1.	For any creditors that you listed in Part 1 of Schedule D: Creditors I information below.	Who Have Claims Secured by Property (Official Forn	n 106D), fill in the
	Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
	Creditor's name: SIERRA AUTO FINANCE LL  Description of property securing debt: 048 Automobile	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and	No. ✓ Yes.
	Creditor's name:  Description of property securing debt:	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and [explain]:	No. Yes.
	Creditor's name:  Description of property securing debt:	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and	No. Yes.
	Creditor's name:  Description of property securing debt:	Surrender the property.  Retain the property and redeem it.  Retain the property and enter into a Reaffirmation Agreement.  Retain the property and	No. Yes.

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Debtor	Tiara	J	Sain	Case number (if
	First Name	Middle Name	Last Name	known)
art 2:	List Your Unexpired Pers	onal Property Lease	es	
nforma		tate leases. Unexpired	leases are leases tha	ory Contracts and Unexpired Leases (Official Form 106G), fill in the lat are still in effect; the lease period has not yet ended. You may 11 U.S.C. § 365(p)(2).
Des	scribe your unexpired persona	l property leases		Will the lease be assumed?
Les	ssor's name:			No Yes
	scription of leased operty:			<del>-</del>
Les	ssor's name:			□ No □ Yes
	scription of leased operty:			_
Les	ssor's name:			□ No □ Yes
	scription of leased operty:			_
Les	ssor's name:			□ No □ Yes
	scription of leased operty:			_
Les	ssor's name:			□ No □ Yes
	scription of leased operty:			_
Les	ssor's name:			□ No □ Yes
	scription of leased operty:			_
Les	ssor's name:			□ No □ Yes
	scription of leased operty:			_
art 3:	Sign Below			
	er penalty of perjury, I declare perty that is subject to an unex		my intention about an	ny property of my estate that secures a debt and any personal
	/s/ Tiara Sain		*	
S	ignature of Debtor 1		S	Signature of Debtor 2
D	7/23/2018 MM/DD/YYYY		С	Date MM/DD/YYYY

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B2030 (Form 2030) (12/15)

#### **UNITED STATES BANKRUPTCY COURT**

		Northern District	t of Illinois	
n re	Tiara J Sain		Case No.	
	Debtor			(If known)
			Chapter	Chapter 7
	DISCLOSURE OF	COMPENSATION	OF ATTORNEY F	OR DEBTOR
com	suant to 11 U.S.C. § 329(a) and F npensation paid to me within one dered or to be rendered on behalf	year before the filing of the pe	etition in bankruptcy, or agreed t	o be paid to me, for services
For	legal services, I have agreed to ac	ccept		\$1,715.00
Pric	or to the filing of this statement I h	nave received		\$0.00
Bala	ance Due			\$1,715.00
2. The	source of the compensation paid	I to me was:		
	Debtor	Other (specify)		
3. The	source of the compensation paid	I to me is:		
	<b>✓</b> Debtor	Other (specify)		
4.	I have not agreed to share the ab members and associates of my la	ove-disclosed compensation aw firm.	with any other person unless the	ey are
	I have agreed to share the above members or associates of my lav the people sharing in the compe	v firm. A copy of the agreemen		
5. In re	eturn for the above-disclosed fee,	I have agreed to render legal s	service for all aspects of the bank	kruptcy case, including:
	<ul> <li>a. Analysis of the debtor's finan bankruptcy;</li> </ul>	cial situation, and rendering a	dvice to the debtor in determinir	ng whether to file a petition in
	b. Preparation and filing of any	petition, schedules, statement	s of affairs and plan which may	be required;
	c. Representation of the debtor	at the meeting of creditors and	d confirmation hearing, and any	adjourned hearings thereof;
6. By a	agreement with the debtor(s), the	above-disclosed fee does not	include the following services:	
		CERTIFICA	TION	
	fy that the foregoing is a complet in this bankruptcy proceedings.	e statement of any agreement	or arrangement for payment to	me for representation of the
	7/23/2018		/s/ Elizabeth Placek	
	Date		Signature of Attorney	
			Semrad Law Firm	
			Name of law firm	

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

#### **Chapter 7: Liquidation**

	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### Chapter 11: Reorganization

	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$275	total fee
+	\$75	administrative fee
	\$200	filing fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans.
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

### Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc">http://www.justice.gov/ust/eo/hapcpa/ccde/cc</a> approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

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#### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

In re:	Sain, Tiara J	Case No	
	Debtor(s)		
		Chapter.	Chapter7
	VERIFICA	ATION OF CREDITOR MAT	RIX
Tł knowledge	ne above named Debtors hereby verify a	that the attached list of creditors is tru	ue and correct to the best of their
Date:	7/23/2018	/s/ Sain, Tiara J Sain, Tiara J Signature of Deb	otor.

SIERRA AUTO FINANCE LL PO Box 803067 Dallas, TX, 75380

TURNER ACCEPTANCE CRP 5900 W HOWARD ST SKOKIE, IL, 60077

INTERNATIONAL BANK OF 2840 MORRIS AVE UNION, NJ, 07083

CACH LLC 1001 E Chicago Ave Suite 121 Naperville, IL, 60540

SYNCB/OLD NAVY Po Box 530942 Atlanta, GA, 30353

PEOPLES ENGY 200 EAST RANDOLPH CHICAGO, IL, 60601

City of Chicago - Parking and red Light Tickets 121 N. LaSalle Street Chicago, IL, 60602

PLS 3175 175th St Suite 3 Hazel Crest, IL, 60429

ComEd 1919 Swift Drive Oak Brook, IL, 60523

First Loan Financial 1916 E. 95th St. Chicago, IL, 60617

Erhesman Management PO Box 1061 Oak Park, IL, 60304 Americash 1726 W Jefferson St Joliet, IL, 60435

Target PO Box 660170 Dallas, TX, 75266

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Debtor 1 Tiara First Name	J Sa Middle Name Las	in Case nur	nber (if known)		
Part 6: Answer These Qu	estions for Reporting Purposes				
16. What kind of debts do you have?	No. Go to line 16b. Yes. Go to line 17.  16b. Are your debts primarily b	orimarily for a personal, family, susiness debts? Business deb vestment or through the opera	or household purpose."  ots are debts that you incurred to the business or investment of the business or investment.	to obtain	
17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	☑ No.		xempt property is excluded and a o unsecured creditors?	administrative	
18. How many creditors do you estimate that you owe?	☑ 1-49 ☐ 50-99 ☐ 100-199 ☐ 200-999	1,000-5,000 5,001-10,000 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,00 ☐ More than 100	00	
19. How much do you estimate your assets to be worth?		\$1,000,001-\$10 milli \$10,000,001-\$50 mil \$50,000,001-\$100 m \$100,000,001-\$500	lion	01-\$10 billion 001-\$50 billion	
20. How much do you estimate your liabilities to be?  Part 7: Sign Below		\$1,000,001-\$10 milli \$10,000,001-\$50 mil \$50,000,001-\$100 m \$100,000,001-\$500	lion	01-\$10 billion 001-\$50 billion	
For you	I have examined this petition, and	I declare under penalty of per	jury that the information provi	ded is true and	
	correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.  If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill				
	out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.				
	I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.				
	/s/ Tiara Sain Lauce Signature of Debtor 1	y 🗴 🗴	ignature of Debtor 2		
	Executed on 7/23/2018 MM / DD /	E	xecuted on	<del></del>	

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Fill in this infor	mation to identify your c	ase:			
Debtor 1	Tiara	J	Sain		
10000000	First Name	Middle Name	Last Name	-	
Debtor 2				_	
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States E	Bankruptcy Court for the:	Northern	District of Illinois	_	
Case number			(State)	_,	
(If known)				_	
O.C 1	F 400D	*			Check if this is an
Official	Form 106De	eC .			amended filing
Declarat	ion About an	_ Individual Deb	tor's Schedules		12/15
If two married	people are filing togeth	er, both are equally respo	nsible for supplying correct	information.	
money or prop	his form whenever you ferty by fraud in connect 1341, 1519, and 3571.	ile bankruptcy schedules ion with a bankruptcy ca	or amended schedules. Mak se can result in fines up to \$	king a false statement, concealing prop 250,000, or imprisonment for up to 20 y	perty, or obtaining years, or both. 18
Part 1: Sign	Below				
Did you p	ay or agree to pay some	eone who is NOT an attor	ney to help you fill out bankr	uptcy forms?	
<b>✓</b> No					
Yes.	Name of person		Attach Bankruptcy Pe Signature (Official For	tition Preparer's Notice, Declaration, and m 119).	*
		a			
Under pe that they	nalty of perjury, I declar are true and correct.	e that I have read the sur	nmary and schedules filed w	ith this declaration and	
🗶 /s/ Tiara	Sain	al=	*		
Signature	of Debter 1	/	Signature of	of Debtor 2	

Date

MM/DD/YYYY

Date 7/23/2018

MM/DD/YYYY

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Debtor 1 Tiara First Name	J Middle Name	Sain Last Name	Case number (if known)
T II ST IVALID	Middle Name	Last Name	
28. Within 2 years before ye creditors, or other part	ou filed for bankruptcy, did ies.	you give a financial state	ement to anyone about your business? Include all financial institutions,
☑ No			
Yes. Fill in the detai	is below.		
		Date issued	
Name	*	MM/DD/YYYY	
Number Street	-	_	
City	State Zip Code		
ALCONO.			
Part 12: Sign Below			
true and correct. I unders a bankruptcy case can re	stand that making a false st esult in fines up to \$250,000 ara Sain	atement, concealing pro	hments, and I declare under penalty of perjury that the answers are operty, or obtaining money or property by fraud in connection with to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.
Signature	e of Debtor1		Signature of Debtor 2
Date 7/2	23/2018		Date
Did you attach additional	I pages to Your Statement o	of Financial Affairs for Inc	lividuals Filing for Bankruptcy (Official Form 107)?
<b>✓</b> No			
Yes			
Did you pay or agree to p	ay someone who is not an a	ttorney to help you fill o	ut bankruptcy forms?
<b>✓</b> No			
Yes. Name of person			Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

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Debtor	Tiara	J	Sain	Case number (if				
1	First Name	Middle Name	Last Name	known)				
Part 2:	List Your Unexpired Per	sonal Property Leases	5					
informa	For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may issume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).							
Describe your unexpired personal property leases Will the lease be assumed?								
Les	sor's name:			□ No □ Yes				
	cription of leased perty:	·						
Les	sor's name:			□ No □ Yes				
	cription of leased perty:							
Les	sor's name:			□ No □ Yes				
	cription of leased perty:							
Les	sor's name:			□ No □ Yes				
	cription of leased perty:							
Les	sor's name:			☐ No ☐ Yes				
	cription of leased perty:							
Les	sor's name:			☐ No ☐ Yes				
	cription of leased perty:			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Les	sor's name:			☐ No ☐ Yes				
	cription of leased perty:							
Unde	Sign Below or penalty of perjury, I declar erty that is subject to an unc	re that I have indicated my expired lease.	r intention about any pro	perty of my estate that secures a debt and any personal				
_	/s/ Tiara Sain	ua Si	<b>★</b> Signate	ure of Debtor 2				
Da	ate 7/23/2018 MM/DD/YYYY		Date	MM/DD/YYYY				

B2030 (Form 2030) (12/15)

#### **UNITED STATES BANKRUPTCY COURT**

		Northern District o	lllinois	
In re	Tiara J Sain		Case No.	
	Debtor			(If known)
			Chapter	Chapter 7
		COMPENSATION (		
1	<ul> <li>Pursuant to 11 U.S.C. § 329(a) and compensation paid to me within one rendered or to be rendered on behal</li> </ul>	year before the filing of the petiti	on in bankruptcy, or agreed to	be paid to me, for services
	For legal services, I have agreed to a	ccept		\$1,715.00
	Prior to the filing of this statement I	have received		\$0.00
	Balance Due	Υ, ,		\$1,715.00
2	. The source of the compensation pai	d to me was:		
	<b>✓</b> Debtor	Other (specify)		
3	. The source of the compensation pai	d to me is:		
	<b>✓</b> Debtor	Other (specify)		
4	I have not agreed to share the almembers and associates of my	pove-disclosed compensation with law firm.	n any other person unless they	y are
		e-disclosed compensation with a c w firm. A copy of the agreement, to ensation, is attached.		
5	. In return for the above-disclosed fee	e, I have agreed to render legal serv	rice for all aspects of the bank	ruptcy case, including:
	<ul> <li>a. Analysis of the debtor's final bankruptcy;</li> </ul>	ncial situation, and rendering advic	ce to the debtor in determining	whether to file a petition in
	b. Preparation and filing of any	petition, schedules, statements of	f affairs and plan which may b	e required;
	c. Representation of the debtor	at the meeting of creditors and co	onfirmation hearing, and any a	djourned hearings thereof;
6	. By agreement with the debtor(s), the	above-disclosed fee does not inc	lude the following services:	
	s e a			
	я			
		CERTIFICATIO	N	
debt	certify that the foregoing is a comple tor(s) in this bankruptcy proceedings.	te statement of any agreement or	arrangement for payment to m	e for representation of the
	7/23/2018		/s/ Elizabeth Placek	
	Date		Signature of Attorney	
			Semrad Law Firm	
			Name of law firm	
				*



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#### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

In re:	Sain, Tiara J	Case No.	
	Debtor(s)	Case NO.	
		Chapter.	Chapter7
	VERI	FICATION OF CREDITOR MAT	RIX
Th knowledge	ne above named Debtors hereby v e.	erify that the attached list of creditors is tn	ue and correct to the best of their
Date:	7/23/2018	/s/ Sain, Tiara	Laia Li
		Sain, Tiara J Signature of Deb	tor

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Debtor 1 Ti		J	Sain	Case number	er <i>(if known)</i>		
Fi	rst Name	Middle Name	Last Name			,	
				Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
8.Unempl	oyment compensation			\$0.00		p	
Do not e under th	enter the amount if you ne Social Security Act. In	contend that the amount	received was a benefit	Ψ0.00		<del>;</del>	=
For you			\$0.00				
For your	rspouse		\$0.00				
9.Pension benefit u	or retirement income	. Do not include any amo Act.	ount received that was	a \$ <u>0.00</u>			
amount. payment internation	. Do not include any ber ts received as a victim of	es not listed above.Spec nefits received under the S f a war crime, a crime aga m. If necessary, list other	Social Security Act or inst humanity, or				
Other G	ovemment Assistance			\$636.00			
				+\$0.00			•
rotal am	ounts from separate pa	ges, if any.		1,40.00	- I	Т	-
11. Calcul	late your total current	monthly income. Add li	nes 2 through 10 for	\$ <u>3,</u> 283.35	+		<b>=</b> \$3,283.35
	n. Then add the total fo	r Column A to the total fo	r Column B.				
							Total current
							monthly income
		he Means Test Appl					
		nly income for the year.	150				
12a. Co <sub>l</sub>	py your total current mo	nthly income from line 11			Copy line	11 here →	\$3,283.35
Mu	ultiply by 12 (the numbe	r of months in a year).					X 12
12b. The	e result is your annual in	come for this part of the	fom.			12b	\$39,400.20
13 Calcula	te the median family i	ncome that applies to y	ou. Follow these step	s:			
Fill in the	e state in which you live.		Illinois				
Fill in the	e number of people in yo	our household.	4				
Fill in the		for your state and size of				13	3. <u>\$96,485.00</u>
To find a	a list of applicable media	n income amounts, go o st may also be available at	nline using the link spetter.	ecified in the separate			
	the lines compare?		. 2				
14a. 🗸		r equal to line 13. On the	top of page 1, check	box 1, There is no presump	tion of abu	use.	
14b.	Line 12b is more than Go to Part 3 and fill ou	line 13. On the top of pa t Form 122A-2.	ge 1, check box 2, Th	e presumption of abuse is d	etermined	by Form 122A-2.	
Part 3: Si	ign Below						
By sign	ing here, I declare under	penalty of perjury that th	e information on this	statement and in any attachr	nents is tr	ue and correct.	
	T.		/ -				
<b>X</b> /s/	/ Tiara Sain	110/		×			*
Sign	nature of Debtor 1	70		Signature of Debtor 2			
Deta	7/23/2018			Date 7/22/2010			
Dale	MM/DD/YYYY			Date 7/23/2018 MM/DD/YYYY			
	umanus esempestilitet osatti ki 5						
		IOT fill out or file Form 12 ut Form 122A-2 and file i					*